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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 709608 (4)

1. Corporation Name

RAINBOW LAKES HOSPITAL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2085 SW IVY PL
DUNNELLO FL 34431
US

BRANCH P.O. BOX 320007
DUNNELLO FL 34432-0007
US

3. Date Incorporated or Qualified
09/17/1965

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

59-2156790

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALVERLEY THOMAS
20176 SW AUDUBON AVE
DUNNELLO FL 34431

81 Name

WILLIAM TURNER

82 Street Address (P.O. Box Number is Not Acceptable)

4655 SW KERRIA CT.

83

84 City

DUNNELLO,

FL

85 Zip Code

34431

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE WILLIAM TURNER, PRESIDENT

X. William Turner

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CALVERLEY, THOMAS	
STREET ADDRESS	20176 SW AUDUBON AVE.	
CITY-ST-ZIP	DUNNELLO FL 33431	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RHODES, DONNA	
STREET ADDRESS	31439 SW PLANTATION	
CITY-ST-ZIP	DUNNELLO FL 33431	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PARMELEE, CHARLES	
STREET ADDRESS	4333 SW HYACINTH ST.	
CITY-ST-ZIP	DUNNELLO FL 33431	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MALLOY, WINNIE	
STREET ADDRESS	3429 SW POMPANO	
CITY-ST-ZIP	DUNNELLO FL 33431	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYCHAKO, WALTER	
STREET ADDRESS	21428 SW RAINTREE ST.	
CITY-ST-ZIP	DUNNELLO FL 33431	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOWNER, HAROLD	
STREET ADDRESS	21300 SW HONEYSUCKLE	
CITY-ST-ZIP	DUNNELLO FL 33431	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM TURNER	
1.3 STREET ADDRESS	4655 SW KERRIA CT	
1.4 CITY-ST-ZIP	DUNNELLO, FL. 34431	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RHODES, DONNA	
2.3 STREET ADDRESS	31439 SW PLANTATION	
2.4 CITY-ST-ZIP	DUNNELLO, FL.	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/96)