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Jan 22 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

2085 SW IVY PL
DUNNELLO FL 34431
US

Mailing Address

BRANCH P.O. BOX 320007
DUNNELLO FL 34431
US



3. Date Incorporated or Qualified

09/17/1965

4. FEI Number

59-2156790

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TURNER, WILLIAM
4655 SW KERRIA CT
DUNNELLO FL 34431

81 Name

CALVERLEY, THOMAS

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

20176 SW AUBURN AVE.

83

DUNNELLO,

84 City

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

THOMAS CALVERLEY

Thomas Calverley

1-10-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME TURNER, WILLIAM
STREET ADDRESS 4655 SW KERRIA CT
CITY-ST-ZIP DUNNELLO FL

TITLE V ☐ DELETE

NAME RHODES, DONNA
STREET ADDRESS 31439 SW PLANTATION
CITY-ST-ZIP DUNNELLO FL

TITLE VPD ☐ DELETE

NAME PARMELEE, CHARLES
STREET ADDRESS 4333 SW HYACINTH ST.
CITY-ST-ZIP DUNNELLO FL 33431

TITLE S ☐ DELETE

NAME MALLOY, WINNIE
STREET ADDRESS 3429 SW POMPANO
CITY-ST-ZIP DUNNELLO FL 33431

TITLE D ☐ DELETE

NAME Lychako, Walter
STREET ADDRESS 21428 SW RAIN TREE ST.
CITY-ST-ZIP DUNNELLO FL 33431

TITLE D ☒ DELETE

NAME TOWNER, HAROLD
STREET ADDRESS 21300 SW HONEYSUCKLE
CITY-ST-ZIP DUNNELLO FL 33431

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME CALVERLEY, THOMAS
1.3 STREET ADDRESS 20176 SW AUBURN AVE
1.4 CITY-ST-ZIP DUNNELLO, FL. 34431

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME TOWNER, HAROLD
6.3 STREET ADDRESS 19040 SW 91ST STREET.
6.4 CITY-ST-ZIP DUNNELLO, FL. (34432) 34432

14. I 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:

THOMAS CALVERLEY

Thomas Calverley (352) 489-8360

CR2E037 (10/97)