

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 30 AM 10:50

DO NOT WRITE IN THIS SPACE

DOCUMENT # 740885 (9) 1. Corporation Name LEESBURG REGIONAL MEDICAL CENTER CHARITABLE FOUNDATION, INC.
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Principal Place of Business 600 E. DIXIE AVE. LEESBURG FL 34748	Mailing Address 600 E. DIXIE AVE. LEESBURG FL 34748
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3. Date Incorporated or Qualified 11/23/1977	3a. Date of Last Report 04/20/1994
4. FEI Number 59-1800743	Applied For ☐ Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent ROBUCK, H D, JR, ESQUIRE 610 E MAIN ST LEESBURG FL 32748	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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	DP
NAME	RAST, GEORGE H.
STREET ADDRESS	1303 S 8TH ST
CITY-ST-ZIP	LEESBURG FL
TITLE	DVP
NAME	RAST, MILDRED C.
STREET ADDRESS	1303 S 8TH ST
CITY-ST-ZIP	LEESBURG FL
TITLE	D
NAME	FAUST, BETTIE L.
STREET ADDRESS	1620 LOVES POINT RD
CITY-ST-ZIP	LEESBURG FL
TITLE	D
NAME	GRIFFIN, ELSIE R.
STREET ADDRESS	208 E CROTON WAY
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL
TITLE	D
NAME	SHUTZE, WILLIAM H. M.
STREET ADDRESS	6222 N SILVER LAKE DR
CITY-ST-ZIP	LEESBURG FL
TITLE	D
NAME	WRIGHT, BARBARA
STREET ADDRESS	2 PALM DRIVE, THE SPRINGS
CITY-ST-ZIP	VALAHA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D ☒ Change ☐ Addition
12 NAME	Rast, George H.
13 STREET ADDRESS	1303 S. 8th. Street
14 CITY-ST-ZIP	Leesburg, FL 34748
21 TITLE	DT ☒ Change ☐ Addition
22 NAME	Rast, Mildred C.
23 STREET ADDRESS	1303 S. 8th. Street
24 CITY-ST-ZIP	Leesburg, FL 34748
31 TITLE	DP ☒ Change ☐ Addition
32 NAME	Faust, Bettie L.
33 STREET ADDRESS	1620 Loves Point Rd.
34 CITY-ST-ZIP	Leesburg, FL 34748
41 TITLE	DVP ☐ Change ☒ Addition
42 NAME	Howell, Jr., P. B.
43 STREET ADDRESS	603 Gibson Street
44 CITY-ST-ZIP	Leesburg, FL 34748
51 TITLE	D ☒ Change ☐ Addition
52 NAME	Bowersox, William P.
53 STREET ADDRESS	505 W. Gibson Street
54 CITY-ST-ZIP	Leesburg, FL 34748
61 TITLE	DS ☒ Change ☐ Addition
62 NAME	Wright, Barbara
63 STREET ADDRESS	2 Palm Drive, The Springs
64 CITY-ST-ZIP	Valaha, FL 34797

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 P. Bowersox William P. Bowersox 3/24/95 904-7873202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

0020817

LEESBURG REGIONAL MEDICAL CENTER CHARITABLE FOUNDATION, INC.

1995 Board of Directors

- D Carlton, Amelia
1427 Beverly Point Rd.
Leesburg, FL 34748
- D Cauthen, Robin A.
9313 Silver Lake Drive
Leesburg, FL 34788
- D Husebo, Wendell F.
9481 Silver Lake
Leesburg, FL 34788
- D Robuck, Iris H.
9341 Silver Lake Drive
Leesburg, FL 34788
- D Rose, William H.
102 Orchid Way
Howey-In-The-Hills, FL 34737
- D Sentner, Kevin A.
1409 S. 8th St.
Leesburg, FL 34748
- D Sherman, Joanne B.
30017 Johnson Point Rd.
Leesburg, FL 34748