

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90242 022 ****70.00

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01092006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2890430

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEATY, RYAN D
502 HIGHLAND BLVD.
INVERNESS, FL 34452

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | BEATY, RYAN D | |
| STREET ADDRESS | 502 HIGHLAND BLVD. | |
| CITY-ST-ZIP | INVERNESS, FL | |
| TITLE | DST | <input type="checkbox"/> Delete |
| NAME | HENIGAR, ROBERT L | |
| STREET ADDRESS | 502 HIGHLAND BLVD | |
| CITY-ST-ZIP | CRYSTAL RIVER, FL | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | BRANNEN, JOE S | |
| STREET ADDRESS | 502 HIGHLAND BLVD | |
| CITY-ST-ZIP | INVERNESS, FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JORDAN, MARILYN | |
| STREET ADDRESS | 502 HIGHLAND BLVD. | |
| CITY-ST-ZIP | INVERNESS, FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | VENUGOPALA, REDDY | |
| STREET ADDRESS | 502 HIGHLAND BLVD | |
| CITY-ST-ZIP | INVERNESS, FL 34452 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KOFMEHL, PHILLIP C | |
| STREET ADDRESS | 502 HIGHLAND BLVD. | |
| CITY-ST-ZIP | INVERNESS, FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | DST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RYAN D BEATY, CEO

JANUARY 9, 2006 352-344-6595

Date

Daytime Phone #

ATTACHMENT

6000 2402

119863

ATTACHMENT TO 2006 CORPORATION ANNUAL REPORT
CITRUS MEMORIAL HEALTH FOUNDATION, INC.
FEI NUMBER 59-2890430

BOX 11

OFFICERS AND DIRECTORS CHANGES

- | | D | Change |
|--------------------------|---|--------|
| 7.1 DC | | |
| 7.2 Langer, David | | |
| 7.3 502 Highland Blvd. | | |
| 7.4 Inverness, FL 34452 | | |
| 8.1 D | | |
| 8.2 Sanders, James T. | | |
| 8.3 502 Highland Blvd. | | |
| 8.4 Inverness, FL 34452 | | |
| 9.1 D | | |
| 9.2 Langley, Alida | | |
| 9.3 502 Highland Blvd. | | |
| 9.4 Inverness, FL 34452 | | |
| 10.1 D | | |
| 10.2 Frankel, Deborah | | |
| 10.3 502 Highland Blvd. | | |
| 10.4 Inverness, FL 34452 | | |
| 11.1 D | | |
| 11.2 Chadwick, Sandra | | |
| 11.3 502 Highland Blvd. | | |
| 11.4 Inverness, FL 34452 | | |
| 12.1 D | | |
| 12.2 Fredrick, Debra | | |
| 12.3 502 Highland Blvd. | | |
| 12.4 Inverness, FL 34452 | | |