


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90026 038 ****70.00

DOCUMENT # N19863 1. Entity Name CITRUS MEMORIAL HEALTH FOUNDATION, INC.	
---	---

40028313



Principal Place of Business % RYAN D. BEATY 502 HIGHLAND BLVD. INVERNESS, FL 34452-4754 US		Mailing Address % RYAN D. BEATY 502 HIGHLAND BLVD. INVERNESS, FL 34452-4754 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	

02162007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2890430		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BEATY, RYAN D 502 HIGHLAND BLVD. INVERNESS, FL 326524754 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HENIGAR, ROBERT L 502 HIGHLAND BLVD CRYSTAL RIVER, FL 326524754 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BRANNEN, JOE S 502 HIGHLAND BLVD INVERNESS, FL 326524752 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, MARILYN 502 HIGHLAND BLVD INVERNESS, FL 344524754 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VENUGOPALA, REDDY 502 HIGHLAND BLVD INVERNESS, FL 344524754 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOFMEHL, PHILLIP C 502 HIGHLAND BLVD. INVERNESS, FL 326524754 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Beaty

2/16/07

Date

(352) 344-6582

Daytime Phone #

Attachment 40028313
119863

ATTACHMENT TO 2007 CORPORATION ANNUAL REPORT
CITRUS MEMORIAL HEALTH FOUNDATION, INC.
FEI NUMBER 59-2890430

BOX 11		CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D		
NAME	Langer, David		
STREET ADDRESS	502 Highland Blvd		
CITY-STATE-ZIP	Inverness, FL 34452		
TITLE	D		
NAME	Sanders, James T.		
STREET ADDRESS	502 Highland Blvd		
CITY-STATE-ZIP	Inverness, FL 34452		
TITLE	D		
NAME	Langley, Alida		
STREET ADDRESS	502 Highland Blvd		
CITY-STATE-ZIP	Inverness, FL 34452		
TITLE	D	DST	CHANGE
NAME	Frankel, Deborah		
STREET ADDRESS	502 Highland Blvd		
CITY-STATE-ZIP	Inverness, FL 34452		
TITLE	D		
NAME	Chadwick, Sandra		
STREET ADDRESS	502 Highland Blvd		
CITY-STATE-ZIP	Inverness, FL 34452		
TITLE	D		
NAME	Frederick, Debra		
STREET ADDRESS	502 Highland Blvd		
CITY-STATE-ZIP	Inverness, FL 34452		