


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N42167
 1. Entity Name
CALHOUN-LIBERTY HOSPITAL ASSOCIATION, INC.



Principal Place of Business
20370 NE BURNS AVENUE
BLOUNTSTOWN, FL 32424 US

Mailing Address
P.O. BOX 423
BLOUNTSTOWN, FL 32424



02072006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3051173 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, LADDIE
17371 NW 5TH STREET
BLOUNTSTOWN, FL 32424

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WILLIAMS, LADDIE 17371 NW 5TH STREET BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITFIELD, RALPH HWY 12 E BRISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSSELL, MARILYN 19368 NE JOHN G. BRYANT RD BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONTRAGER, LABAN DR 12799 NW PEA RIDGE RD BRISTOL, FL 32321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/23/06-80066-011 61.25

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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 Laddie Williams *Laddie Williams* *chm.* **2-08-06** - 850-674-4559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #