


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90120 008 \*\*\*\*61.25

<b>DOCUMENT # N42167</b>			
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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO BOX 419	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BLOUNTSTOWN, FLORIDA	
Zip		Zip 32424	
Country		Country CALHOUN	
4. FEI Number 59-3051173		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIAMS, LADDIE 17371 NW 5TH STREET BLOUNTSTOWN, FL 32424		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT WILLIAMS, LADDIE 17371 NW 5TH STREET BLOUNTSTOWN, FL 32424 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, LADDIE 17371 5TH STREET BLOUNTSTOWN, FLORIDA 32424 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WHITFIELD, RALPH HWY 12 E BRISTOL, FL 32321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BONTRAGER, LABAN DR. 12799 NW PEA RIDGE RD. BRISTOL, FLORIDA 32321 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSSELL, MARILYN 19366 NE JOHN G. BRYANT RD BLOUNTSTOWN, FL 32424 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ATTAWAY, RUTH 22268 SR 71N ALPHA, FLORIDA 32421 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONTRAGER, LABAN DR 12799 NW PEA RIDGE RD BRISTOL, FL 32321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGHAM, EDWARD 21204 SE RIDGE AVE. BLOUNTSTOWN, FLORIDA 32424 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMLINSON, JOHN JR. 20007 NE HENTZ AVE. BLOUNTSTOWN, FLORIDA 32424 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSPEAKER, RACHEL PO BOX 427 BRISTOL, FLORIDA 32321 <input type="checkbox"/> Change <input checked="" 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: <i>Laddie Williams</i>		Date: 1-25-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

DUPLICATE



01082007 Chg-NP CR2E037 (12/06)