


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90037 001 ****70.00

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 419 BLOUNTSTOWN, FL 32424
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40013000



2. Principal Place of Business - No P.O. Box # Same	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01282008 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number 59-3051173	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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	WILLIAMS, LADDIE	
STREET ADDRESS	17371 NW 5TH STREET	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	
TITLE	T	<input type="checkbox"/> Delete
NAME	ATTAWAY, RUTH	
STREET ADDRESS	22268 SR 71N	
CITY-ST-ZIP	ALTA, FL 32421	
TITLE	S	<input type="checkbox"/> Delete
NAME	RUSSELL, MARILYN	
STREET ADDRESS	19366 NE JOHN G. BRYANT RD	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	
TITLE	V	<input type="checkbox"/> Delete
NAME	BONTRAGER, LABAN DR	
STREET ADDRESS	12799 NW PEA RIDGE RD	
CITY-ST-ZIP	BRISTOL, FL 32321	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGHAM, EDWARD	
STREET ADDRESS	21204 SE RIDGE AVE.	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOMLINSON, JR., JOHN	
STREET ADDRESS	20007 NE HERTZ AVE.	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Manspeaker, Rachel	
STREET ADDRESS	17282 NW County Rd. 12	
CITY-ST-ZIP	Bristol, FL 32321	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Paul	
STREET ADDRESS	17574 SR 20 W	
CITY-ST-ZIP	BLOUNTSTOWN, FL 32424	
TITLE		<input 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: *Laddie Williams*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____