

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42167

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** CALHOUN-LIBERTY HOSPITAL ASSOCIATION, INC.

**Current Principal Place of Business:**

20370 NE BURNS AVENUE  
BLOUNTSTOWN, FL 32424 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 419  
BLOUNTSTOWN, FL 32424

**New Mailing Address:**

**FEI Number:** 59-3051173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GILLIARD, RONALD M  
26064 NORTH MAIN ST.  
ALTHA, FL 32421 US

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.

SIGNATURE: RONALD M. GILLIARD

01/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WILLIAMS, LADDIE  
Address: 17371 NW 5TH STREET  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: T ( ) Delete  
Name: ATTAWAY, RUTH  
Address: 22268 SR 71N  
City-St-Zip: ALTHA, FL 32421

Title: S ( ) Delete  
Name: RUSSELL, MARILYN  
Address: 19366 NE JOHN G. BRYANT RD  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: V ( ) Delete  
Name: BONTRAGER, LABAN DR  
Address: 12799 NW PEA RIDGE RD  
City-St-Zip: BRISTOL, FL 32321

Title: D ( ) Delete  
Name: BRIGHAM, EDWARD  
Address: 21204 SE RIDGE AVE.  
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: D ( ) Delete  
Name: TOMLINSON, JR., JOHN  
Address: 20007 NE HERTZ AVE.  
City-St-Zip: BLOUNTSTOWN, FL 32424

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LADDIE WILLIAMS

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date