2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90174 005 ****61.25

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DOCUMENT # N42167

1. Entity Name
CALHOUN-LIBERTY HOSPITAL ASSOCIATION, INC.

Principal Place of Business
424 BURNS AVE.
BLOUNTSTOWN FL 32424
US

Mailing Address
P.O. BOX 423
BLOUNTSTOWN FL 32424

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

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
819 5TH STREET
BLOUNTSTOWN FL 32424-0423

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

FILE NOW: FEE IS $61.25

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	D	☐ Delete
NAME	WHITFIELD, RALPH	
STREET ADDRESS	HWY 12 E	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	CD	☐ Delete
NAME	WILLIAMS, LADDIE	
STREET ADDRESS	819 FIFTH STREET	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	TD	☑ Delete
NAME	ADAMS, TOM	
STREET ADDRESS	1115 N. HWY 71	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	SD	☑ Delete
NAME	O'BRYAN, GAIL	
STREET ADDRESS	1427 S. PEAR ST.	
CITY-ST-ZIP	BLOUNTSTOWN FL 32424	
TITLE	D	☐ Delete
NAME	Leban Bontrager	
STREET ADDRESS	P.O. BOX 10	
CITY-ST-ZIP	Bristol, Fl, 32321	
TITLE	D	☐ Delete
NAME	marilyn Russell	
STREET ADDRESS	19366 N.E. John G. Bryant Rd	
CITY-ST-ZIP	Blountstown, Fl 32424	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 FILED 2/10/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)