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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 26, 1996 08:00 AM  
Secretary of State

DOCUMENT # N93000001394 (6)

1. Corporation Name

CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICES CORPORATION

Principal Place of Business

502 HIGHLAND BLVD.  
INVERNESS FL 34452

Mailing Address

502 HIGHLAND BLVD.  
INVERNESS FL 34452



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified  
03/26/1993

3a. Date of Last Report  
01/30/1995

4. FEI Number  
65-0409040

Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLASBAND, CHARLES A  
502 HIGHLAND BLVD.  
INVERNESS FL 34452

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BRANNEN, JOE S  
STREET ADDRESS 320 HWY 41 SO  
CITY-ST-ZIP INVERNESS FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME LANGER, DAVID  
STREET ADDRESS 502 HIGHLAND BLVD.  
CITY-ST-ZIP INVERNESS FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME BLASBAND, CHARLES A  
STREET ADDRESS 502 HIGHLAND BLVD.  
CITY-ST-ZIP INVERNESS FL 34452

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME JORDAN, MARILYN  
STREET ADDRESS 502 HIGHLAND BLVD.  
CITY-ST-ZIP INVERNESS FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE CD ☐ DELETE  
NAME SANDERS, JAMES  
STREET ADDRESS 502 HIGHLAND BLVD.  
CITY-ST-ZIP INVERNESS FL

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ALCORN, STEPHEN W.  
STREET ADDRESS 609 W. HIGHLAND BLVD.  
CITY-ST-ZIP INVERNESS FL

6.1 TITLE SDT ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96

352-726-1551

Daytime Phone #

CR2E037 (12/95)

ATTACHMENT TO 1996 CORPORATION ANNUAL REPORT  
CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICES CORP.  
FEI NUMBER 65-0409040

BOX 13

OFFICERS AND DIRECTORS CHANGES

7.1 D  
7.2 Henigar, Robert L.  
7.3 502 Highland Blvd.  
7.4 Inverness, FL 34452

8.1 D/V	C/D	Change
8.2 Jones, Floyd L.		
8.3 502 Highland Blvd.		
8.4 Inverness, FL 34452		

9.1 S/D/T	D/V	Change
9.2 Kofmehl, C. Phillip		
9.3 502 Highland Blvd.		
9.4 Inverness, FL 34452		