FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300001394

CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SER VICES CORPORATION

Princ	cipal Plac	e of Bu	siness
502	HIGHLAN	D BLVD.	
66 B 45	DUCAA F		

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

502 HIGHLAND BLVD. INVERNESS FL 34452

2a. Mailing Address

Suite, Apt. #, etc.

26

27

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90115 030 ****61.25

183443 - 90115 - 30 *

3. Date Incorporated or Qualifed

Applied For

Not Applicable

03/26/1993

65-0409040

4. FEI Number

一	& State	City & State	_		5. Ce	rtifcate of Status Desired		\$8.75 A	
23		28	· · · · · ·		 				<u> </u>
Zip	Country		Country 6. Election Campaign Financing			\$5.00 May Be Added to Fees			
24	25	29 30				ust Fund Contribution Ime and Address of New F			rees
	9. Name and Address of Current	Registered Agent	81	Name	IU. Na	ime and Address of New F	registerau	Agent	
			8'	Name					
BLAS	SBAND, CHARLES A		82	Street Addre	ss (P.O.	Box Number is Not Accepta	able)		
502 HIGHLAND BLVD.						 			
INVERNESS FL 34452			83						ļ
			84	City			PI	85 Zip C	ode
							<u>FĻ</u>	<u>. </u>	
offi	rsuant to the provisions of Sections 617.0502 ce or registered agent, or both, in the State of	of Florida. Such change was author:	zed by	the corporation	ration su n's board	ibmits this statement for the l of directors. I hereby accep	purpose of ot the appoi	changing its r ntment as reg	egistered istered
age	ent. I am familiar with, and accept the obligati	ions of, Section 617.0503, Florida S	itatutes						1
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND		3.	t agriculta requires		DITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	₹S IN 12
TITLE	SDT		1 TITLE	D/				Change	Addition :
NAME	BRANNEN, JOE S	1,	2 NAME	1 - 1					1 !
STREET AL	I mana A4 AA	1,	3 STREET	ADDRESS					
CITY-ST-2	WATERWEAD EL	t.	4 CITY-S1	T-ZIP					
TITLE	D	☐ DELETE 2.	1 TITLE	SI	OT			Change	☐ Addition
NAME	LANGER, DAVID	2.	2 NAME	-					1
STREET A	*** **** *****	2.	3 STREET	ADDRESS		•-	~		1
CITY-ST-2	INDICOMEGO EL	2.	. 4 CITY-S	T-ZIP					
TITLE	P	☐ DELETE 3.	.1 TITLE					☐ Change	Addition
NAME	BLASBAND, CHARLES A	3.	.2 NAME						. 1
STREET A	DDRESS 502 HIGHLAND BLVD.	3.	.3 STREET	ADDRESS					
CITY-ST-2	INVERNESS FL 34452	3.	.4. CITY-S	T-ZIP					
TITLE	DV	☐ DELETE 4	1 TITLE	D				XX Change	☐ Addition
NAME	JORDAN, MARILYN	4.	. 2 NAME	}					+
STREET A	DORESS 502 HIGHLAND BLVD.	4.	3 STREET	F ADDRESS					
CITY-ST-Z	INVERNESS FL		4 CITY-S	T-ZIP					
TITLE	D		,1 TITLE					Change	☐ Addition :
NAME	SANDERS, JAMES		2 NAME						
STREET A	DORESS 502 HIGHLAND BLVD.	J *		FADDRESS					
CITY-ST-2	ZIP INVERNESS FL		4 CITY-S			<u> </u>			
TITLE	DC		,1 TITLE	D				Change	☐ Addition
NAME	ALCORN, STEPHEN W.		.2 NAME						
STREETA	doress 609 W. HIGHLAND BLVD.	6	.3 STREET	TADDRESS					
	INDUEDATION FI		4 CITY S	T 710					I .

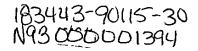
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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 with all other like empowered.

Charles (A: Blasband) 2-19-99 352-726-1551

SIGNATURE:

Charles SA: GBlasbandR

2-19-99



ATTACHMENT TO 1999 CORPORATION ANNUAL REPORT CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICES CORP. FEI NUMBER 65-0409040

BOX 13

OFFICERS AND DIRECTORS CHANGES

7.3	D Henigar, Robert L. 502 Highland Blvd. Inverness, FL 34452	DC Change	3 55
8.2 8.3	D Jones, Floyd L. 502 Highland Blvd. Inverness, FL 34452	Delete	
9.3	D Kofmehl, C. Phillip 502 Highland Blvd. Inverness, FL 34452		
10.3	D Langley, Alida 502 Highland Blvd. Inverness, FL 34452		
11.3	D Jenkins, Randall 502 Highland Blvd. Inverness, FL 34452	Addition	

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