

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

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

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

**DOCUMENT # N93000001394**

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.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/26/1993

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

9. Name and Address of Current Registered Agent

**BLASBAND, CHARLES A**  
502 HIGHLAND BLVD.  
INVERNESS FL 34452

10. Name and Address of New Registered Agent

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

TITLE **SDT** ☐ DELETE

NAME **BRANNEN, JOE S**

STREET ADDRESS **320 HWY 41 SO**

CITY-ST-ZIP **INVERNESS FL**

TITLE **D** ☐ DELETE

NAME **LANGER, DAVID**

STREET ADDRESS **502 HIGHLAND BLVD.**

CITY-ST-ZIP **INVERNESS FL**

TITLE **P** ☐ DELETE

NAME **BLASBAND, CHARLES A**

STREET ADDRESS **502 HIGHLAND BLVD.**

CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **DV** ☐ DELETE

NAME **JORDAN, MARILYN**

STREET ADDRESS **502 HIGHLAND BLVD.**

CITY-ST-ZIP **INVERNESS FL**

TITLE **D** ☐ DELETE

NAME **SANDERS, JAMES**

STREET ADDRESS **502 HIGHLAND BLVD.**

CITY-ST-ZIP **INVERNESS FL**

TITLE **DC** ☐ DELETE

NAME **ALCORN, STEPHEN W.**

STREET ADDRESS **609 W. HIGHLAND BLVD.**

CITY-ST-ZIP **INVERNESS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DV** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **SDT** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **D** ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE **D** ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

**Charles A. Blasband**

**SIGNATURE REQUIRED**

2-19-99

352-726-1551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

183443-90115-30  
N93080001394

ATTACHMENT TO 1999 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

DC      Change

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

Delete

9.1 D  
9.2 Kofmehl, C. Phillip  
9.3 502 Highland Blvd.  
9.4 Inverness, FL 34452

10.1 D  
10.2 Langley, Alida  
10.3 502 Highland Blvd.  
10.4 Inverness, FL 34452

11.1 D  
11.2 Jenkins, Randall  
11.3 502 Highland Blvd.  
11.4 Inverness, FL 34452

Addition