

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90039 043 \*\*\*\*70.00

**DOCUMENT # N93000001394**

1. Entity 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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0409040**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

**RYAN BEATY**

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

**502 HIGHLAND BLVD.**

City

**INVERNESS**

**FL**

Zip Code  
**34452**

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

**RYAN BEATY**

**MARCH 26, 2004**

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 **BRANNEN, JOE S**  
STREET ADDRESS **502 HIGHLAND BLVD**  
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 **D** ☐ 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 **D** ☒ Delete  
NAME **ALCORN, STEPHEN W.**  
STREET ADDRESS **502 HIGHLAND BLVD**  
CITY-ST-ZIP **INVERNESS FL**

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 **P** ☐ Change ☒ Addition  
NAME **RYAN BEATY**  
STREET ADDRESS **502 HIGHLAND BLVD.**  
CITY-ST-ZIP **INVERNESS, FL 34452**

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

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RYAN BEATY**

**MARCH 26, 2004**

**(352) 726-1551**

Date

Daytime Phone #

*Attachment*

*#N93000001354*

ATTACHMENT TO 2004 CORPORATION ANNUAL REPORT  
CITRUS MEMORIAL HEALTH FOUNDATION MANAGEMENT SERVICES CORP.  
FEI NUMBER 65-0409040

BOX 11

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  
8.2 Kofmehl, C. Phillip  
8.3 502 Highland Blvd.  
8.4 Inverness, FL 34452

9.1 D  
9.2 Langley, Alida  
9.3 502 Highland Blvd.  
9.4 Inverness, FL 34452

10.1 DST	DV	Change
10.2 Frankel, Deborah		
10.3 502 Highland Blvd.		
10.4 Inverness, FL 34452		

11.1 DC	D	Change
11.2 Chadwick, Sandra		
11.3 502 Highland Blvd.		
11.4 Inverness, FL 34452		

12.1 DV	DC	Change
12.2 Fredrick, Debra		
12.3 502 Highland Blvd.		
12.4 Inverness, FL 34452		

13.1 D	DST	Change
13.2 Stringer, Thomas		
13.3 502 Highland Blvd.		
13.4 Inverness, FL 34452		