

2026 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2026

**Secretary of State
6376879275CC**

DOCUMENT# N42167

Entity Name: CALHOUN-LIBERTY HOSPITAL ASSOCIATION, INC.

Current Principal Place of Business:

16257 STATE ROAD 71 SOUTH
BLOUNTSTOWN, FL 32424

Current Mailing Address:

16257 STATE ROAD 71 SOUTH
BLOUNTSTOWN, FL 32424 US

FEI Number: 59-3051173

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, EMILY
16257 STATE ROAD 71 SOUTH
BLOUNTSTOWN, FL 32424 US

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.

SIGNATURE: EMILY BROWN

04/28/2026

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name RUSSELL, MARILYN
Address 19306 NE JOHN G. BRYANT RD
City-State-Zip: BLOUNTSTOWN FL 32424

Title DIRECTOR
Name BONTRAGER, LABAN DMD
Address 12799 NW PEA RIDGE RD
City-State-Zip: BRISTOL FL 32321

Title CHAIRMAN
Name PLUMMER, MARK
Address 16059 NW LAKESIDE LANE
City-State-Zip: BRISTOL FL 32321

Title VC
Name REVELL, TIM
Address 17444 NW CR 379-A
City-State-Zip: BRISTOL FL 32321

Title DIRECTOR
Name NEVES, MARY SUE
Address PO BOX 53
City-State-Zip: BLOUNTSTOWN FL 32424

Title DIRECTOR
Name FAUROT, MELBA
Address 18310 NE ROY GOLDEN RD
City-State-Zip: BLOUNTSTOWN FL 32424

Title CFO
Name WINDHAM, VANN
Address 16257 STATE ROAD 71 SOUTH
City-State-Zip: BLOUNTSTOWN FL 32424

Title CEO
Name BROWN, EMILY
Address 16257 STATE ROAD 71 SOUTH
City-State-Zip: BLOUNTSTOWN FL 32424

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EMILY BROWN

CEO

04/28/2026

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CNO
Name MESSERVY, RACHEL
Address 16257 STATE ROAD 71 SOUTH
City-State-Zip: BLOUNTSTOWN FL 32424

Title DIRECTOR
Name HORST, STAN
Address 16264 NW WHIPPOORWILL WAY
City-State-Zip: BLOUNTSTOWN FL 32424

Title DIRECTOR
Name SPEIGHTS, KENNETH
Address 20274 CENTRAL AVENUE WEST
City-State-Zip: BLOUNTSTOWN FL 32424