

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42167

**Entity Name:** CALHOUN-LIBERTY HOSPITAL ASSOCIATION, INC.

**Current Principal Place of Business:**

20370 NE BURNS AVENUE  
BLOUNTSTOWN, FL 32424

**Current Mailing Address:**

20370 NE BURNS AVENUE  
BLOUNTSTOWN, FL 32424 US

**FEI Number:** 59-3051173

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

BROWN, EMILY  
20370 NE BURNS AVENUE  
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

04/30/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name WILLIAMS, LADDIE  
Address 17371 NW 5TH STREET  
City-State-Zip: BLOUNTSTOWN FL 32424

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 TREASURER  
Name TOMLINSON, JOHN JR.  
Address 20007 NE HENTZ AVE.  
City-State-Zip: BLOUNTSTOWN FL 32424

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

Title DIRECTOR  
Name EUBANKS, TERRY  
Address 11066 NW LAKE MYSTIC DUGGAR RD.  
City-State-Zip: BRISTOL FL 32321

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

**Continues on page 2**

*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

**CHIEF EXECUTIVE  
OFFICER**

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title CEO  
Name BROWN, EMILY  
Address 20370 NE BURNS AVENUE  
City-State-Zip: BLOUNTSTOWN FL 32424

Title CFO  
Name WINDHAM, VANN  
Address 20370 NE BURNS AVENUE  
City-State-Zip: BLOUNTSTOWN FL 32424

Title CNO  
Name TOLLEY, PAIGE  
Address 20370 NE BURNS AVENUE  
City-State-Zip: BLOUNTSTOWN FL 32424