

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42167

FILED
Mar 13, 2018
Secretary of State
CC3156205029

Entity Name: CALHOUN-LIBERTY HOSPITAL ASSOCIATION, INC.

Current Principal Place of Business:

20370 NE BURNS AVENUE
BLOUNTSTOWN, FL 32424

Current Mailing Address:

P.O. BOX 419
BLOUNTSTOWN, FL 32424

FEI Number: 59-3051173

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, BRUCE L
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: BRUCE DAVIS

03/13/2018

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

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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: BRUCE DAVIS

REGISTERED AGENT

03/13/2018

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