**FILE NOW: FILING FEE AFTER MAY 1 IS $155.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED AND FILED**

95 APR 20 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 705235 (0)

1. Corporation Name

**LAKELAND REGIONAL MEDICAL CENTER AUXILIARY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| LAKELAND HILLS BLVD.<br>P.O. BOX 95448<br>LAKELAND FL 33804 | LAKELAND HILLS BLVD.<br>P.O. BOX 95448<br>LAKELAND FL 33804 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1963
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1030894 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

STEPHENS, JACK T.
1324 LAKELAND HILLS BLVD
LAKELAND FL 33804

**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 607.0502 and 607.1508, 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 607.0505, 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | OLSON, JOHN | 1.2 NAME | | |
| STREET ADDRESS | 940 FENTON LANE #35 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | 1.4 CITY-ST-ZIP | | |
| TITLE | PED | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TERRY, JEAN | 2.2 NAME | | |
| STREET ADDRESS | 825 FORSET LADE DRIVE | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | 2.4 CITY-ST-ZIP | | |
| TITLE | VD | 3.1 TITLE | VD | ☒ Change ☐ Addition |
| NAME | SMOUT, CHARLES | 3.2 NAME | DEE FREELAND | |
| STREET ADDRESS | 5358 ZION AVENUE | 3.3 STREET ADDRESS | 4747 N. RD. 33 # 161 | |
| CITY-ST-ZIP | LAKELAND FL | 3.4 CITY-ST-ZIP | Lakeland, Fl | |
| TITLE | V | 4.1 TITLE | V | ☒ Change ☐ Addition |
| NAME | HANNA, BILL | 4.2 NAME | BURTON LONDAHL | |
| STREET ADDRESS | 4724 SOUTHWOOD LANE | 4.3 STREET ADDRESS | 21 Mission Hills Dr | |
| CITY-ST-ZIP | LAKELAND FL | 4.4 CITY-ST-ZIP | LAKELAND, FL | |
| TITLE | S | 5.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | PAULSEN, ROBERT | 5.2 NAME | ELAINE OGILVIE | |
| STREET ADDRESS | 785 POWDER HORN ROW | 5.3 STREET ADDRESS | 2811 CHABETT ST | |
| CITY-ST-ZIP | LAKELAND FL | 5.4 CITY-ST-ZIP | LAKELAND, FL | |
| TITLE | T | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MARTIN, OLIVE | 6.2 NAME | | |
| STREET ADDRESS | 2025 W DAUGHTERY RD 35 | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** Olive Martin--Treasurer Olive Martin 4-17-95 813 687 1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0997019