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.

TREASURER

SIGNATURE: DIANNE COLLINS

City-State-Zip: LAKELAND FL 33805

Electronic Signature of Signing Officer/Director Detail

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.

02/12/2019
_
Date

## FEI Number: 59-3513726

## Name and Address of Current Registered Agent:

LAKELAND. FL 33805

## **Current Mailing Address:**

LAKELAND. FL 33805 US

COLLINS, DIANNE M 5915 LAKE LUTHER ROAD LAKELAND, FL 33805 US

5915 LAKE LUTHER ROAD

# **Current Principal Place of Business:**

DOCUMENT# N9800002976

5915 LAKE LUTHER ROAD

Entity Name: THE TOM KANEY BENEVOLENT MEDICAL FUND, INC.

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### FILED Feb 12, 2019 Secretary of State 5857729673CC

Certificate of Status Desired: Yes

02/12/2019

Date