

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 705235 (0)**  
1. Corporation Name  
**LAKELAND REGIONAL MEDICAL CENTER AUXILIARY, INC.**



Principal Place of Business  
**LAKELAND HILLS BLVD.  
P.O. BOX 95448  
LAKELAND FL 33804**

Mailing Address  
**LAKELAND HILLS BLVD.  
P.O. BOX 95448  
LAKELAND FL 33804**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/21/1963</b>		3a. Date of Last Report <b>04/20/1995</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-1030894</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## 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. City	
84. State	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state of residence

(If the Registered Agent signature is required when filing)

Date

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		11. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLSON, JOHN			12. NAME	TERRY, JEAN		
STREET ADDRESS	940 FENTON LANE #35			13. STREET ADDRESS	825 FOREST LAKE DRIVE		
CITY-STATE-ZIP	LAKELAND FL			14. CITY-STATE-ZIP	LAKELAND FL		
TITLE	PED	<input checked="" type="checkbox"/> DELETE		21. TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TERRY, JEAN			22. NAME	O'HARROW, KAREN		
STREET ADDRESS	825 FORSET LADE DRIVE			23. STREET ADDRESS	4430 WINSON ROAD		
CITY-STATE-ZIP	LAKELAND FL			24. CITY-STATE-ZIP	LAKELAND FL		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		31. TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FREELAND, DEE			32. NAME	FELTON, PATRICIA		
STREET ADDRESS	4747 N RD 33 #161			33. STREET ADDRESS	152 WOODSIDE DRIVE		
CITY-STATE-ZIP	LAKELAND FL			34. CITY-STATE-ZIP	LAKELAND FL		
TITLE	V	<input type="checkbox"/> DELETE		41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONDAHL, BURTON			42. NAME			
STREET ADDRESS	21 MISSION HILLS DR			43. STREET ADDRESS			
CITY-STATE-ZIP	LAKELAND FL			44. CITY-STATE-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OGILVIE, ELAINE			52. NAME			
STREET ADDRESS	2811 CHABETT ST			53. STREET ADDRESS			
CITY-STATE-ZIP	LAKELAND FL			54. CITY-STATE-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, OLIVE			62. NAME			
STREET ADDRESS	2025 W DAUGHTERY RD 35			63. STREET ADDRESS			
CITY-STATE-ZIP	LAKELAND FL			64. CITY-STATE-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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Olive Martin* OLIVE MARTIN

(TREASURER)

Date: **1-941-687-1115**  
**3/27/01**

CR2E037 (12/95)