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Apr 23 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **705235** (0)

1. Corporation Name

LAKELAND REGIONAL MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/21/1963

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

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 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 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** ☒ DELETE
NAME **O'HARROW, KAREN**
STREET ADDRESS **4430 VINSON RD**
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE **PRESIDENT-ELECT** ☐ Change ☒ Addition
1.2 NAME **Pien, MYRTLE**
1.3 STREET ADDRESS **IMPERIAL SOUTHGATE # 97**
1.4 CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE **PED** ☐ DELETE
NAME **O'HARROW, KAREN**
STREET ADDRESS **4430 VINSON ROAD**
CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE **2ND VICE PRESIDENT** ☐ Change ☒ Addition
2.2 NAME **MUSELAAR, JHANNA**
2.3 STREET ADDRESS **719 VENETIAN AVE**
2.4 CITY-ST-ZIP **LAKELAND, FL 33801**

TITLE **VD** ☐ DELETE
NAME **GRADY, DEE**
STREET ADDRESS **2425 HARDEN BLVD #76**
CITY-ST-ZIP **LAKELAND FL**

3.1 TITLE **CORRESPONDING SECRETARY** ☐ Change ☒ Addition
3.2 NAME **FLEMING, WANELLE**
3.3 STREET ADDRESS **4500 HIGH GLEN CT. N**
3.4 CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **V** ☒ DELETE
NAME **FELICE, ELLEN**
STREET ADDRESS **1126 ENTERPRISE DR**
CITY-ST-ZIP **LAKELAND FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS ☐ Change ☐ Addition
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☐ DELETE
NAME **CONIBEAR, ALICE**
STREET ADDRESS **927 FOREST LAKE DR**
CITY-ST-ZIP **LAKELAND FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS ☐ Change ☐ Addition
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ DELETE
NAME **MCKINNEY, LYDIA**
STREET ADDRESS **2212 SILVER RE DRIVE**
CITY-ST-ZIP **LAKELAND FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS ☐ Change ☐ Addition
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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: *Lydia McKinney* **LYDIA MCKINNEY, TREASURER 4/14/98 (941) 687-1100**

CR2E037 (10/97)