

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17, 1999 8:00 am  
Secretary of State

03-17-1999 90035 013 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 705235

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

237936 - 90035 - 13



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent

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 PE ☐ DELETE

NAME PION, MYRTLE  
STREET ADDRESS IMPERIAL SOUTHGATE, SE 1119  
CITY-ST-ZIP LAKELAND FL 33803

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME PION, MYRTLE  
1.3 STREET ADDRESS IMPERIAL SOUTHGATE VILLA#119  
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 PED ☐ Change ☐ Addition

2.2 NAME CURRY, GENEVIEVE  
2.3 STREET ADDRESS IMPERIAL SOUTHGATE VILLA#36  
2.4 CITY-ST-ZIP LAKELAND, FL 33803

TITLE VP ☒ DELETE

NAME GRADY, DEE  
STREET ADDRESS 2425 HARDEN BLVD #76  
CITY-ST-ZIP LAKELAND FL

3.1 TITLE VPD ☐ Change ☐ Addition

3.2 NAME OLSON, JOHN  
3.3 STREET ADDRESS 4016 STAFFORDSHIRE DR.  
3.4 CITY-ST-ZIP LAKELAND, FL 33809

TITLE VP ☐ DELETE

NAME MUUSELAAR, JOHANNA  
STREET ADDRESS 719 VENETIAN AVE  
CITY-ST-ZIP LAKELAND FL 33801

4.1 TITLE VPD ☐ Change ☐ Addition

4.2 NAME MUISELAAR, JOHANNA  
4.3 STREET ADDRESS 719 VENETIAN AVE  
4.4 CITY-ST-ZIP LAKELAND, FL 33801

TITLE S ☐ DELETE

NAME CONIBEAR, ALICE  
STREET ADDRESS 927 FOREST LAKE DR  
CITY-ST-ZIP LAKELAND FL

5.1 TITLE RSD ☐ Change ☐ Addition

5.2 NAME ARMOLD, MILLIE  
5.3 STREET ADDRESS 2425 HARDEN BLVD. #223  
5.4 CITY-ST-ZIP LAKELAND, FL 33803

TITLE T ☒ DELETE

NAME MCKINNEY, LYDIA  
STREET ADDRESS 2212 SILVER RE DRIVE  
CITY-ST-ZIP LAKELAND FL

6.1 TITLE CSD ☐ Change ☐ Addition

6.2 NAME CONIBEAR, ALICE  
6.3 STREET ADDRESS 927 FOREST LAKE DR  
6.4 CITY-ST-ZIP LAKELAND, FL 33809

\*\*SEE

ATTACHED

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/21/99

687-1115

237936-90035-13  
705235

LAKELAND REGIONAL MEDICAL CENTER AUXILIARY  
OFFICERS/DIRECTORS 1999-2001

MYRTLE PION, PRESIDENT-DIRECTOR  
IMPERIAL SOUTHGATE VILLA # 119  
LAKELAND, FL 33803

GENEVIEVE CURRY, PRESIDENT ELECT-DIRECTOR  
IMPERIAL SOUTHGATE VILLA # 36  
LAKELAND, FL 33803

JOHN OLSON, VICE PRESIDENT-DIRECTOR  
4016 STAFFORDSHIRE DR.  
LAKELAND, FL 33809

JOHANNA MUISELAAR, VICE PRESIDENT-DIRECTOR  
719 VENETIAN AVE  
LAKELAND, FL 33801

MILLIE ARMOLD, RECORDING SECRETARY-DIRECTOR  
2425 HARDEN BLVD #223  
LAKELAND, FL 33803

ALICE CONIBEAR, CORRESPONDING SECRETARY-DIRECTOR  
927 FOREST LAKE DR.  
LAKELAND, FL 33809

DORIS KEENEN, TREASURER-DIRECTOR  
513 FINNEY STREET  
LAKELAND, FL 33803