

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705235

FILED  
Apr 12, 2005  
Secretary of State

**Entity Name:** LAKELAND REGIONAL MEDICAL CENTER AUXILIARY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-1030894      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WARD, ROSA M  
Address: 9492 MAX FLY DRIVE  
City-St-Zip: LAKELAND, FL 33810

Title: PED ( ) Delete  
Name: WHITE, JEAN W  
Address: 1209 DELEON WAY  
City-St-Zip: LAKELAND, FL 33805

Title: VPD ( ) Delete  
Name: DOLEN, BILL  
Address: 9743 CYPRESS LAKES DRIVE  
City-St-Zip: LAKELAND, FL 33810

Title: VPD ( ) Delete  
Name: GILIN, PAT  
Address: 4828 LAKELAND HARBOR CIRCLE  
City-St-Zip: LAKELAND, FL 33805

Title: RSD ( ) Delete  
Name: ARMOLD, MILDRED L  
Address: 2425 HARDEN BLVD. #223  
City-St-Zip: LAKELAND, FL 33803

Title: T ( ) Delete  
Name: MASON, MARY L  
Address: 9480 MAX FLY DRIVE  
City-St-Zip: LAKELAND, FL 33810

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DOLEN, WILLIAM M  
Address: 9743 CYPRESS LAKES DRIVE  
City-St-Zip: LAKELAND, FL 33810

Title: PED (X) Change ( ) Addition  
Name: LAKIN, SHARON  
Address: 3518 AMITY AVE.  
City-St-Zip: LAKELAND, FL 33803

Title: VPD (X) Change ( ) Addition  
Name: HUDSON, VESTA  
Address: 4026 CARLISLE ROAD  
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: RSD (X) Change ( ) Addition  
Name: LOFGREN, MARIE  
Address: 4953 PLEASANT HOLLOW TRAIL  
City-St-Zip: LAKELAND, FL 33811

Title: T (X) Change ( ) Addition  
Name: SCHAW, RICHARD E  
Address: 3472 GLEN ABBEY LANE  
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM DOLEN

PD

04/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date