

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 721080 (0)**

1. Corporation Name

LAKELAND REGIONAL MEDICAL CENTER FOUNDATION, INC

Principal Place of Business

Mailing Address

1324 LAKELAND HILLS BLVD.
P.O. BOX 95448
LAKELAND FL 338041324 LAKELAND HILLS BLVD.
P.O. BOX 95448
LAKELAND FL 33804-54483. Date Incorporated or Qualified
06/03/19713a. Date of Last Report
06/22/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEPHENS, JACK T.
1324 LAKELAND HILLS BLVD.
(P. O. BOX 95448)
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 **D** ☐ DELETE
NAME **ALLEN, PHILIP O**
STREET ADDRESS **1701 FLORIDA AVENUE SOUTH**
CITY-ST-ZIP **LAKELAND FL 33803**1.1 TITLE **DC** ☒ Change ☐ Addition
1.2 NAME **ALLEN, PHILIP O**
1.3 STREET ADDRESS **100 E. Main St.**
1.4 CITY-ST-ZIP **Lakeland, FL 33802**TITLE **D** ☒ DELETE
NAME **LANGFORD, JOHN**
STREET ADDRESS **1250 SCOTTSLAND DR.**
CITY-ST-ZIP **LAKELAND FL**2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **BLACK, JUANITA F.**
2.3 STREET ADDRESS **2720 COVENTRY AVENUE**
2.4 CITY-ST-ZIP **LAKELAND, FL 33803**TITLE **TSD** ☐ DELETE
NAME **STEPHENS, JACK T.**
STREET ADDRESS **381 E. BELVEDERE**
CITY-ST-ZIP **LAKELAND FL**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **PCD** ☐ DELETE
NAME **O'REILLY, ALICE**
STREET ADDRESS **4774 SO FLORIDA AVE**
CITY-ST-ZIP **LAKELAND FL**4.1 TITLE **PCD** ☒ Change ☐ Addition
4.2 NAME **O'REILLY, ALICE**
4.3 STREET ADDRESS **4406 SO. FLORIDA AVE.**
4.4 CITY-ST-ZIP **LAKELAND, FL 33813**TITLE **VCD** ☐ DELETE
NAME **YATES, EDIE**
STREET ADDRESS **53 LAKE LORTON DRIVE**
CITY-ST-ZIP **LAKE LAND FL 33801**5.1 TITLE **VCD** ☒ Change ☐ Addition
5.2 NAME **YATES, EDIE**
5.3 STREET ADDRESS **53 LAKE MORTON DRIVE**
5.4 CITY-ST-ZIP **LAKELAND, FL 33801**TITLE **D** ☒ DELETE
NAME **BADCOCK, MARY**
STREET ADDRESS **7 BROOK LANE**
CITY-ST-ZIP **LAKELAND FL 33803**6.1 TITLE **DC** ☐ Change ☒ Addition
6.2 NAME **RAMSEY, HILEN**
6.3 STREET ADDRESS **2304 WOODLEY AVE.**
6.4 CITY-ST-ZIP **LAKELAND, FL 33803**

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date

4-28-97

Daytime Phone # 0052734

CR2E037 (9/96)