

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90006 028 ****61.25

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DOCUMENT # 721080

1. Corporation Name

LAKELAND REGIONAL MEDICAL CENTER FOUNDATION, INC

Principal Place of Business

1324 LAKELAND HILLS BLVD.
P.O. BOX 95448
LAKELAND FL 33804

Mailing Address

1324 LAKELAND HILLS BLVD.
P.O. BOX 95448
LAKELAND FL 33804

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/03/1971

4. FEI Number

23-7134974

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

STEPHENS, JACK T.
1324 LAKELAND HILLS BLVD.
(P. O. BOX 95448)
LAKELAND FL 33804

10. Name and Address of New Registered Agent

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

TITLE VCD ☐ DELETE

NAME ALLEN, PHILIP O

STREET ADDRESS 100 E. MAIN ST

CITY-ST-ZIP LAKELAND FL

TITLE DC ☐ DELETE

NAME COX, JEFFREY

STREET ADDRESS 123 KENWITH CT

CITY-ST-ZIP LAKELAND FL 33803

TITLE TSD ☐ DELETE

NAME STEPHENS, JACK T.

STREET ADDRESS 381 E. BELVEDERE

CITY-ST-ZIP LAKELAND FL

TITLE D ☒ DELETE

NAME O'REILLY, ALICE

STREET ADDRESS 853 S NEW YORK AVE

CITY-ST-ZIP LAKELAND FL 33801

TITLE PCD ☒ DELETE

NAME YATES, EDIE

STREET ADDRESS 53 LAKE MORTON DR.

CITY-ST-ZIP LAKE LAND FL

TITLE DC ☐ DELETE

NAME RAMSEY, HELEN

STREET ADDRESS 2304 WOODLEY AVE

CITY-ST-ZIP LAKELAND FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

C/D

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

VC/D

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

D

☐ Change ☒ Addition

4.2 NAME

Hooks, Hollis

4.3 STREET ADDRESS

1102 S. Florida Ave.

4.4 CITY-ST-ZIP

Lakeland, FL 33806

5.1 TITLE

D

☐ Change ☒ Addition

5.2 NAME

Reavis, Wilton

5.3 STREET ADDRESS

4301 Cleveland Heights Blvd.

5.4 CITY-ST-ZIP

Lakeland, FL 33813

6.1 TITLE

D

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Smith

941-687-1296

Date

Daytime Phone #

CR2E037 (11/98)