

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721080

FILED
Mar 03, 2005
Secretary of State

Entity Name: LAKELAND REGIONAL MEDICAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

129 S KENTUCKY AVE
SUITE 600
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 23-7134974

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.
(P. O. BOX 95448)
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: D () Delete
Name: BELCOURT, LLEWELLYN N
Address: 331 SOUTH FLORIDA AVE, STE 400
City-St-Zip: LAKELAND, FL 33801

Title: VCD () Delete
Name: BOVAY, CHARLES W
Address: 2402 NEWPORT AVE
City-St-Zip: LAKELAND, FL 338033343

Title: TSD () Delete
Name: STEPHENS, JACK T
Address: 1324 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33804

Title: CD () Delete
Name: CANNON, JOHN T III
Address: 332 EUNICE DRIVE
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: MORGAN, PAUL K
Address: 306 KENWITH RD
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: GRIFFITH, KEVIN
Address: 225 E. LEMON STREET
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: JACK T. STEPHENS

TSD

03/03/2005

Electronic Signature of Signing Officer or Director

Date