

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90005 037 ****70.00

DOCUMENT # 721080

1. Entity Name
**LAKELAND REGIONAL MEDICAL CENTER FOUNDATION,
INC.**



Principal Place of Business
**129 S KENTUCKY AVE
SUITE 600
LAKELAND, FL 33801**

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

40030438



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
23-7134974

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete
NAME **BOVAY, CHARLES W**
STREET ADDRESS **2402 NEWPORT AVE**
CITY - ST - ZIP **LAKELAND, FL 338033343**

TITLE **TSD** ☐ Delete
NAME **STEPHENS, JACK T**
STREET ADDRESS **1324 LAKELAND HILLS BLVD**
CITY - ST - ZIP **LAKELAND, FL 33804**

TITLE **D** ☒ Delete
NAME **CANNON, JOHN T III**
STREET ADDRESS **332 EUNICE DRIVE**
CITY - ST - ZIP **LAKELAND, FL 33803**

TITLE **VCD** ☐ Delete
NAME **GRIFFITH, KEVIN**
STREET ADDRESS **225 E. LEMON STREET**
CITY - ST - ZIP **LAKELAND, FL 33801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1324 Lakeland Hills Blvd.**
CITY - ST - ZIP **Lakeland, FL 33805**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP **33805**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **CD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1324 Lakeland Hills Blvd.**
CITY - ST - ZIP **Lakeland, FL 33805**

TITLE ☐ Change ☒ Addition
NAME **Dale E. Dreyer**
STREET ADDRESS **1324 Lakeland Hills Blvd.**
CITY - ST - ZIP **Lakeland, FL 33805**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

Paul Powers **Paul Powers** **2/28/07** **863-687-1284**