


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 721080		
1. Entity Name LAKELAND REGIONAL MEDICAL CENTER FOUNDATION, INC.		
Principal Place of Business 229 S KENTUCKY AVE SUITE 600 LAKELAND, FL 33801	Mailing Address 1324 LAKELAND HILLS BLVD. P.O. BOX 95448 LAKELAND, FL 33804	



01212008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7134974	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STEPHENS, JACK T 1324 LAKELAND HILLS BLVD. (P. O. BOX 95448) LAKELAND, FL 33804	DO NOT WRITE IN THIS SPACE
---	-----------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOVAY, CHARLES W 1324 LAKELAND HILLS BLVD. LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD STEPHENS, JACK T 1324 LAKELAND HILLS BLVD LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANNON, JOHN T III 332 EUNICE DRIVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GRIFFITH, KEVIN 1324 LAKELAND HILLS BLVD. LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD DREYER, DALE E 1324 LAKELAND HILLS BLVD. LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000813303
02/12/08-80084-007 70.00

DO NOT WRITE IN THIS SPACE

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: 1/22/08 863-687-1254 Daytime Phone #