

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90301 004 ****61.25

| | | | | | |
|--|----------------------------------|--|--|--|--|
| DOCUMENT # 757385 | | | | | |
| 1. Entity Name POLK GENERAL HOSPITAL FOUNDATION, INC. | | | | | |
| Principal Place of Business 2135 MARSHALL EDWARDS DR. BARTOW, FL 33830 US | | | Mailing Address 2135 MARSHALL EDWARDS DR. BARTOW, FL 33830 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Zip | | | |
| Country | | Country | | 01072004 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 23-7242399 | | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| CASEY, ALLAN L 395 AVENUE C, N.W. WINTER HAVEN, FL 33880 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE D | NAME CASEY, ALLAN L | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 395 AVENUE C NW | | | NAME | | |
| CITY-ST-ZIP WINTER HAVEN, FL 33880 | | | STREET ADDRESS | | |
| TITLE PD | NAME SMITH, EDGAR I JR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 2135 MARSHALL EDWARDS DRIVE | | | NAME | | |
| CITY-ST-ZIP BARTOW, FL 33830 | | | STREET ADDRESS | | |
| TITLE SD | NAME HALL, GWENDOLYN J | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 2135 MARSHALL EDWARDS DRIVE | | | NAME | Hall, Gwendolyn J. | |
| CITY-ST-ZIP BARTOW, FL 33830 | | | STREET ADDRESS | | |
| TITLE TD | NAME YASKAL, STEVEN L | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 2135 MARSHALL EDWARDS DRIVE | | | NAME | | |
| CITY-ST-ZIP BARTOW, FL 33830 | | | STREET ADDRESS | | |
| TITLE D | NAME BECK, GEORGE W | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 2423 HOLLINGSWORTH HILL AVENUE | | | NAME | | |
| CITY-ST-ZIP LAKELAND, FL 33803 | | | STREET ADDRESS | | |
| TITLE D | NAME WHEELER, IRVING W | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 147 AVENUE A NW | | | NAME | | |
| CITY-ST-ZIP WINTER HAVEN, FL 33881 | | | STREET ADDRESS | | |
| 12. 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 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: _____ | | | 4/23/04 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |