


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 757385</b> 1. Entity Name POLK GENERAL HOSPITAL FOUNDATION, INC.	
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Principal Place of Business 2135 MARSHALL EDWARDS DR. BARTOW, FL 33830 US	Mailing Address 2135 MARSHALL EDWARDS DR. BARTOW, FL 33830 US
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01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 23-7242399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CASEY, ALLAN L 395 AVENUE C, N.W. WINTER HAVEN, FL 33880	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \$81.25  
Due by May 1, 2005**

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

1100000181930  
01/19/05-80008-020-61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY, ALLAN L 395 AVENUE C NW WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, EDGAR I JR 2135 MARSHALL EDWARDS DRIVE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALL, GWENDOLYN J 2135 MARSHALL EDWARDS DRIVE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YASKAL, STEVEN L 2135 MARSHALL EDWARDS DRIVE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, GEORGE W 2423 HOLLINGSWORTH HILL AVENUE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, IRVING W 147 AVENUE A NW WINTER HAVEN, FL 33881

**DO NOT WRITE  
IN THIS SPACE**

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: STEVEN L. YASKAL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/05 (863) 534-5374  
Date Daytime Phone #