

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**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**



01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**CASEY, ALLAN L  
395 AVENUE C, N.W.  
WINTER HAVEN, FL 33880**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

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

Unnnnn388548  
02/01/06-80015-023 61.25

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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:** Edgar I. Smith Jr.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-06  
Date

Daytime Phone #