

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2008 8:00 am**  
**Secretary of State**

07-21-2008 90029 014 \*\*\*\*61.25

<b>DOCUMENT # 757385</b>	
1. Entity Name <b>POLK GENERAL HOSPITAL FOUNDATION, INC.</b>	



Principal Place of Business <b>2135 MARSHALL EDWARDS DR. BARTOW, FL 33830 US</b>	Mailing Address <b>2135 MARSHALL EDWARDS DR. BARTOW, FL 33830 US</b>
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90111000



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07102008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>23-7242399</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CASEY, ALLAN L</b> <b>395 AVENUE C, N.W.</b> <b>WINTER HAVEN, FL 33880</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	

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 _____	DATE _____
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Filing Fee is \$61.25  
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
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**\$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 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY, ALLAN L	NAME	
STREET ADDRESS	395 AVENUE C NW	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, EDGAR I JR	NAME	
STREET ADDRESS	2135 MARSHALL EDWARDS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 33830	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, GWENDOLYN J	NAME	
STREET ADDRESS	2135 MARSHALL EDWARDS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 33830	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YASKAL, STEVEN L	NAME	
STREET ADDRESS	2135 MARSHALL EDWARDS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 33830	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, GEORGE W	NAME	
STREET ADDRESS	2423 HOLLINGSWORTH HILL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33803	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, IRVING W	NAME	
STREET ADDRESS	139 AVENUE C SW	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	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: _____	DATE: <b>JULY 10, 2008</b>	DAYTIME PHONE #: <b>(863) 534-5374</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR