

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757385

FILED
Apr 17, 2009
Secretary of State

Entity Name: POLK GENERAL HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

2135 MARSHALL EDWARDS DR.
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

2135 MARSHALL EDWARDS DR.
BARTOW, FL 33830 US

New Mailing Address:

FEI Number: 23-7242399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASEY, ALLAN L
Address: 395 AVENUE C NW
City-St-Zip: WINTER HAVEN, FL 33880

Title: PD () Delete
Name: SMITH, EDGAR I JR
Address: 2135 MARSHALL EDWARDS DRIVE
City-St-Zip: BARTOW, FL 33830

Title: SD () Delete
Name: HALL, GWENDOLYN J
Address: 2135 MARSHALL EDWARDS DRIVE
City-St-Zip: BARTOW, FL 33830

Title: TD () Delete
Name: YASKAL, STEVEN L
Address: 2135 MARSHALL EDWARDS DRIVE
City-St-Zip: BARTOW, FL 33830

Title: D () Delete
Name: WHEELER, IRVING W
Address: 139 AVENUE C SW
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN L. YASKAL

TD

04/17/2009

Electronic Signature of Signing Officer or Director

Date