

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007636

FILED
Apr 29, 2009
Secretary of State

Entity Name: LAKELAND VOLUNTEERS IN MEDICINE, INC.

Current Principal Place of Business:

1021 LAKELAND HILLS BLVD.
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

1021 LAKELAND HILLS BLVD.
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 52-2351630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YATES, ROBERT L
1021 LAKELAND HILLS BLVD.
LAKELAND, FL 33805 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: RHODES, JAMES H
Address: 1021 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: BOVAY, CHARLES W
Address: 1021 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: BULMAN, BRUCE
Address: 1021 LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: AIKEN, CHARLES
Address: 1021 N. LAKELAND HILLS BLVD.
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: BARDEN, GLEN
Address: 1021 N LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: ABELS, BRUCE
Address: 1021 N. LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805

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:

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: ROBERT L. YATES

SEC

04/29/2009

Electronic Signature of Signing Officer or Director

Date