

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90001 048 \*\*\*\*61.25

**DOCUMENT # N02000000157**



1. Entity Name  
**MID-FLORIDA MEDICAL SERVICES FOUNDATION, INC.**

Principal Place of Business  
**200 AVE. F NE  
WINTER HAVEN, FL 33881**

Mailing Address  
**200 AVE. F NE  
WINTER HAVEN, FL 33881**

**54008803**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**03-0406130**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANASTASIO, LANCE W  
200 AVE. F NE  
WINTER HAVEN, FL 33881**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **CD** ☐ Delete  
NAME **TUCKER, LARRY D**  
STREET ADDRESS **17 LAKE ELOISE LANE SE**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **D** ☒ Change ☐ Addition  
NAME **Tucker, Larry D.**  
STREET ADDRESS **17 Lake Eloise Lane SE**  
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **D** ☐ Delete  
NAME **STRAUGHN, RICHARD**  
STREET ADDRESS **255 MAGNOLIA AVE SW**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE **CD** ☒ Change ☐ Addition  
NAME **Straughn, Richard**  
STREET ADDRESS **255 Magnolia Ave. SW**  
CITY-ST-ZIP **Winter Haven, FL 33880**

TITLE **D** ☐ Delete  
NAME **NOLEN, J.M.**  
STREET ADDRESS **290 CYPRESS GARDEN BLVD**  
CITY-ST-ZIP **WINTER HAVEN, FL 33880**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **STD** ☐ Delete  
NAME **INGRAM, DON**  
STREET ADDRESS **7 HICKORY WAY**  
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE **D** ☒ Change ☐ Addition  
NAME **Ingram, Don**  
STREET ADDRESS **7 Hickory Way**  
CITY-ST-ZIP **Winter Haven, FL 33884**

TITLE **D** ☐ Delete  
NAME **BURNS, WILLIAM G**  
STREET ADDRESS **MOUNTAIN LAKE**  
CITY-ST-ZIP **LAKE WALES, FL 338590832**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **ANASTASIO, LANCE**  
STREET ADDRESS **200 AVE F NE**  
CITY-ST-ZIP **WINTER HAVEN, FL 33881**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lance Anastasio** 2/11/04

(863) 297-1899

Date

Daytime Phone #

Attachment 54008803

# No 2000000157

**Mid-Florida Medical Services Foundation  
Board of Trustees 2004**

863-291-6732  
February 11, 2004

Charles W. McPherson 9 Cypress Cove Road, S.E. Winter Haven, FL 33884	ST
Richard Dantzler 860 W. Lake Otis Drive Winter Haven, FL 33880	D
John Gray, Jr. 1132 Interlochen Blvd. Winter Haven, FL 33884	D
Sam Hart 114 N. Tennessee Avenue Lakeland, FL 33801-4659	D
Lynn Oakley 124 Wyndham Drive Winter Haven, FL 33884	D
Sam H. Killebrew P.O. Box 5590 Lakeland, FL 33807-5590	D
Ronald A. Morrow 1776 6 <sup>th</sup> Street N.W. #510 Winter Haven, FL 33881	D
Steve Saterbo 302 Progress Road Auburndale, FL 33823	D
Dave MacDougall 500 Island Way Winter Haven, FL 33884	V