

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90190 035 \*\*\*\*61.25

<b>DOCUMENT # N02000000157</b>	
1. Entity Name <b>MID-FLORIDA MEDICAL SERVICES FOUNDATION, INC.</b>	

Principal Place of Business <b>200 AVENUE F, NE WINTER HAVEN, FL 33881</b>	Mailing Address <b>200 AVENUE F, NE WINTER HAVEN, FL 33881</b>
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14004000



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03012005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>03-0406130</b>	Applied For <input type="checkbox"/> Not Applicable
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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	
<b>ANASTASIO, LANCE W 200 AVE. F NE WINTER HAVEN, FL 33881</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	

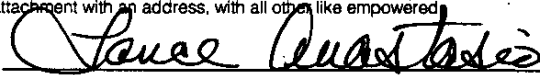
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCIPHERSON, CHARLES PO BOX 32036 LAKELAND, FL 328022036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D McPherson, Charles W. 9 Cypress Cove Road Southeast Winter Haven, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRAUGHN, RICHARD 255 MAGNOLIA AVE SW WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD INGRAM, DON PO BOX 7789 WINTER HAVEN, FL 33882 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/D Ingram, Don 7 Hickory Way Winter Haven, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOLEN, J.M. PO BOX 1439 WINTER HAVEN, FL 33882 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, WILLIAM G PO BOX 832 MOUNTAIN LAKE LAKE WALES, FL 338592036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANTZLER, RICHARD PO BOX 192 WINTER HAVEN, FL 33882 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Lance Anastasio** 4/14/05 (863) 293-1121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

14004566

#N02006006157

## MID-FLORIDA MEDICAL SERVICES FOUNDATION, INC. Board of Trustees

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bachman, Bruce 621 Snively Avenue Winter Haven, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cassidy, Albert 295 First Street South Winter Haven, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gray, John Jr. 202 Security Square Winter Haven, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hart, Sam Citrus & Chemical Bank 114 N. Tennessee Avenue Lakeland, FL 33801-4659
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Killebrew, Sam H P.O. Box 5590 Lakeland, FL 33807-5590
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morrow, Ronald A 1776 6 <sup>th</sup> Street NW, #510 Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Oakley, Lynn 124 Wyndham Drive Winter Haven, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Saterbo, Steve 302 Progress Road Auburndale, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Strang, Bud 200 Avenue B NW Winter Haven, FL 33881-4541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Swain, Brian K P.O. Box 3096 Winter Haven, FL 33885
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tucker, Larry 17 Lake Eloise Lane Winter Haven, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O Anastasio, Lance Winter Haven Hospital 200 Avenue F NE Winter Haven, FL 33881

# ATTACHMENT

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# N 62000000157

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/O MacDougall, Dave Winter Haven Hospital 200 Avenue F NE Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/O Parman, John Winter Haven Hospital 200 Avenue F NE Winter Haven, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/O Thomas, Joel L Winter Haven Hospital 200 Avenue F NE Winter Haven, FL 33881