

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90047 032 ****61.25

DOCUMENT # N02000000157

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



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

Mailing Address
**200 AVENUE F, NE
WINTER HAVEN, FL 33881**

50004193



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022006 Chg-NP CR2E037 (11/05)

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, 2006**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MCIPHERSON, CHARLES
9 CYPRESS COVE RD SE
WINTER HAVEN, FL 33884** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Chairman
Richard Straughn
255 Magnolia Avenue, S.W.
Winter Haven, FL 33884** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1st Vice Chair
Don Ingram
7 Hickory Way
Winter Haven, FL 33884** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2nd Vice Chair
J.M. Nolen
P.O. Box 1439
Winter Haven, FL 33882** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
NOLEN, J.M.
PO BOX 1439
WINTER HAVEN, FL 33882** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary-Treasurer
Charles W. McPherson
9 Cypress Cove Rd SE
Winter Haven, FL 33884** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BURNS, WILLIAM G
PO BOX 832 MOUNTAIN LAKE
LAKE WALES, FL 338592036** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Immediate Past Chairman
Larry Tucker
17 Lake Eloise Lane
Winter Haven, FL 33884** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DANTZLER, RICHARD
PO BOX 192
WINTER HAVEN, FL 33882** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**See attached list
of Trustees.** ☐ Change ☐ Addition

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.2.06 863.253-1121