

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000157

FILED  
Jan 06, 2009  
Secretary of State

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

**Current Principal Place of Business:**

200 AVENUE F, NE  
WINTER HAVEN, FL 33881

**New Principal Place of Business:**

**Current Mailing Address:**

200 AVENUE F, NE  
WINTER HAVEN, FL 33881

**New Mailing Address:**

**FEI Number:** 03-0406130

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANASTASIO, LANCE W  
200 AVE. F NE  
WINTER HAVEN, FL 33881 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: 1VP ( ) Delete  
Name: MCPHERSON, CHARLES  
Address: 9 CYPRESS COVE RD SE  
City-St-Zip: WINTER HAVEN, FL 33884

Title: IMP ( ) Delete  
Name: STRAUGHN, RICHARD  
Address: 255 MAGNOLIA AVE SW  
City-St-Zip: WINTER HAVEN, FL 33880

Title: C ( ) Delete  
Name: INGRAM, DON  
Address: 7 HICKORY WAY  
City-St-Zip: WINTER HAVEN, FL 33884

Title: 2VC ( ) Delete  
Name: SWAIN, BRIAN K  
Address: PO BOX 3096  
City-St-Zip: WINTER HAVEN, FL 33885

Title: ST ( ) Delete  
Name: BURNS, WILLIAM G  
Address: PO BOX 832 MOUNTAIN LAKE  
City-St-Zip: LAKE WALES, FL 338592036

Title: T ( ) Delete  
Name: ADAMSON, ERIC  
Address: 373 E. CENTRAL AVE  
City-St-Zip: WINTER HAVEN, FL 33880

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: 1VP (X) Change ( ) Addition  
Name: MCPHERSON, CHARLES  
Address: 309 QUAILS RUN PASS  
City-St-Zip: WINTER HAVEN, FL 33884

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: T (X) Change ( ) Addition  
Name: ADAMSON, ERIC  
Address: 252 MAGNOLIA AVENUE SW  
City-St-Zip: WINTER HAVEN, FL 33880

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: JOEL L. THOMAS

VP

01/06/2009

Electronic Signature of Signing Officer or Director

Date