Apr. 1. 2005 12:39PM LAKE WALES MEDICAL CENTERS

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90096 001 ****70.00

DOCUMENT # N02000006778

1. Entity Name

GREATER LAKE WALES HEALTH CARE FOUNDATION, INC.

Principal Place of Business	Mailing Address
410 11TH STREET SOUTH LAKE WALES FL 33853	410 11TH STREET SOUTH LAKE WALES FL 33853

1st MOORE CR2E037 (10/04)

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

4. FEI Number 14-1849586 ☐ Applied For ☐ Not Applicable

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
WHITE, NORMAN 3431 HARBOR BEACH DRIVE LAKE WALES FL 33859	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

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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	TC HUNT, G. ELLIS 932 S LAKESHORE BLVD LAKE WALES FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CASINGAL, EDUARDO 1008 YARNELL AVE. LAKE WALES, FL 33853	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TP WHITE, NORMAN 3431 HARBOR BEACH DRIVE LAKE WALES FL 33859	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEE A. WHEELER III P.O. BOX 990 LAKE WALES, FL 33853	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS RYLAND, THERESA 920 CAMPBELL AVE. LAKE WALES FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRAUNSTEIN, ROY E 749 HWY 60 E LAKE WALES, FL 33853	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TT CONNELL, JOE M 1104 CIRCLE DRIVE LAKE WALES FL 33853-0832	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, JERI S. 410 11TH STREET LAKE WALES, FL 33853	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SORENSEN, STEPHEN D 1145 N. LAKESHORE BLVD. LAKE WALES FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T J.J. PIERCE, SR. 607 CARVER DR. LAKE WALES, FL 33853	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NELSON, JAMES M.D. 1110 DRUID CIRCLE LAKE WALES FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Norman White, President 2/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #