

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006778

FILED
Jan 19, 2009
Secretary of State

Entity Name: GREATER LAKE WALES HEALTH CARE FOUNDATION, INC.

Current Principal Place of Business:

410 11TH STREET SOUTH
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

410 11TH STREET SOUTH
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 14-1849586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, NORMAN
3431 HARBOR BEACH DRIVE
LAKE WALES, FL 33859 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: TC () Delete
Name: HUNT, G. ELLIS
Address: 932 S LAKESHORE BLVD
City-St-Zip: LAKE WALES, FL 33853

Title: TP () Delete
Name: WHITE, NORMAN
Address: 3431 HARBOR BEACH DRIVE
City-St-Zip: LAKE WALES, FL 33859

Title: D () Delete
Name: BRAVENSTEIN, COLLETTE
Address: 749 SR 60
City-St-Zip: LAKE WALES, FL 33853

Title: T () Delete
Name: WHEELER, LEE S III
Address: 868 TARTAN LOOP
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: YUNGMAH, MICHAEL
Address: 410 11TH ST SOUTH
City-St-Zip: LAKE WALES, FL 33853

Title: T () Delete
Name: NELSON, JAMES M.D.
Address: 1110 DRUID CIRCLE
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: G. ELLIS HUNT

TC

01/19/2009

Electronic Signature of Signing Officer or Director

Date