


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90245 049 ****70.00

DOCUMENT # N04118 1. Entity Name POLK COUNTY MEDICAL ASSOCIATION BULLETIN, INC.					
Principal Place of Business 832 SPRING LAKE SQ WINTER HAVEN FL 33881 US			Mailing Address 832 SPRING LAKE SQ WINTER HAVEN FL 33881 US		
2. Principal Place of Business 5150 S. Florida Ave Suite, Apt. #, etc. #111		3. Mailing Address 5150 S. Florida Ave Suite, Apt. #, etc. #111			
City & State Lakeland FL		City & State Lakeland FL		4. FEI Number 59-2484488	
Zip 33813		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURPHY, BEVERLY 832 SPRING LAKE SQ 350 WINTER HAVEN FL 33881				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 D WICKSTROM, DALE DO 832 SPRING LAKE SQ WINTER HAVEN FL 33881			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete Trustee Wickstrom, Dale DO 5150 S. Florida Ave. #111 Lakeland FL 33813		
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD RAFOOL, GORDON J MD 832 SPRING LAKE SQ WINTER HAVEN FL 33881			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete Change 5150 S. Florida Ave #111 Lakeland FL 33813		
TITLE NAME STREET ADDRESS CITY-ST-ZIP T SANDERS, JAMES L MD 832 SPRING LAKE SQ WINTER HAVEN FL 33881			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete Change Trustee Sanders, James L. md 5150 S. Florida Ave, #111 Lakeland FL 33813		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MURPHY, BEVERLY T 832 SPRING LAKE SQ WINTER HAVEN FL 33881			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete Change Executive Director Murphy, Beverly 5150 S. Florida, #111 Lakeland FL 33813		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SCHEMMER, GARY MD 832 SPRING LAKE SQUARE WINTER HAVEN FL 33881			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete Change Trustee Schemmer, Gary md 5150 S. Florida Ave. #111 Lakeland FL 33813		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete <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: <u>Beverly Murphy</u> Executive Director 5-3-04 863-644-4051 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					