

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90114 004 \*\*\*\*61.25

**DOCUMENT # N05000007233**

1. Entity Name  
**HAZEL CROSBY CARLTON FOUNDATION, INC.**



Principal Place of Business  
**3500 REYNOLDS ROAD  
LAKELAND, FL 33803**

Mailing Address  
**3500 REYNOLDS ROAD  
LAKELAND, FL 33803**

2. Principal Place of Business  
**3500 Reynolds Road**  
Suite, Apt. #, etc.

3. Mailing Address  
**3500 Reynolds Road**  
Suite, Apt. #, etc.

03172006 Chg-NP CR2E037 (11/05)



City & State  
**Lakeland, FL**

City & State  
**Lakeland, FL**

4. FEI Number  
**20-3163711**

Applied For  
☐ Not Applicable

Zip Country  
**33803-7327 Polk**

Zip Country  
**33803-7327 Polk**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**AIRTH, H. ADAM JR.  
500 SOUTH FLORIDA AVENUE  
STE. 800  
LAKELAND, FL 33801**

**7. Name and Address of New Registered Agent**

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**

TITLE ☐ Delete  
NAME **PTD BUNCH, CYNTHIA L**  
STREET ADDRESS **3500 REYNOLDS ROAD**  
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Delete  
NAME **VSD BUNCH, JAMES D**  
STREET ADDRESS **3500 REYNOLDS ROAD**  
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Delete  
NAME **D WATKINS, CHRISTY**  
STREET ADDRESS **3500 REYNOLDS ROAD**  
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Delete  
NAME **D GOODSON, LIEF**  
STREET ADDRESS **3500 REYNOLDS ROAD**  
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Delete  
NAME **D FUNK, CHARLES**  
STREET ADDRESS **3500 REYNOLDS ROAD**  
CITY-ST-ZIP **LAKELAND, FL 33803**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

**SIGNATURE: Charles A. Funk**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/06 (863)669-0861

Date

Daytime Phone #