2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2008
Secretary of State

DOCUMENT# N98000002976

Entity Name: THE TOM KANEY BENEVOLENT MEDICAL FUND, INC.

Current Principal Place of Business:

5202 RAWLS ROAD
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

5202 RAWLS ROAD
TAMPA, FL 33624

New Mailing Address:

FEI Number: 59-3513726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REHFELT, JOHN H
5202 RAWLS ROAD
TAMPA, FL 33624 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: DP ( ) Delete
Name: WACKERMAN, EDWARD W
Address: 108 COUNTRY CLUB DRIVE
City-St-Zip: TAMPA, FL 33612

Title: DVP ( ) Delete
Name: NEWKIRK, WILLIAM B JR
Address: 2212 SWANN AVENUE
City-St-Zip: TAMPA, FL 33606

Title: DST ( ) Delete
Name: REHFELT, JOHN H
Address: 5202 RAWLS RD
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVP (X) Change ( ) Addition
Name: NEWKIRK, WILLIAM B JR
Address: 6124 E. 111TH AVENUE
City-St-Zip: TEMPLE TERRACE, FL 33617

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: JOHN REHFELT D/ST 07/08/2008
Electronic Signature of Signing Officer or Director Date