

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002976

FILED  
Apr 21, 2011  
Secretary of State

**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 ( )**

**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  
Name: WACKERMAN, EDWARD W  
Address: 4819 N. COLLINS LANE  
City-St-Zip: TAMPA, FL 33603

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN REHFELT

DST

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date