

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700259 (5)

1. Corporation Name
WINTER HAVEN HOSPITAL AUXILIARY INC



Principal Place of Business: **200 AVENUE F. N.E. WINTER HAVEN FL 33881**
Mailing Address: **200 AVENUE F. N.E. WINTER HAVEN FL 33881**

3. Date Incorporated or Qualified: **12/30/1959**
3a. Date of Last Report: **03/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		23-7190109	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
ANASTASIO, LANCE W WINTER HAVEN HOSP 200 AVE E NE WINTER HAVEN FL 33881		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	
		FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	PD
NAME	FOUTZ, MARGE	1.2 NAME	SATERBO, EDITH
STREET ADDRESS	2952 PLANTATION ROAD	1.3 STREET ADDRESS	2928 PLANTATION ROAD
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	VD	2.1 TITLE	VD
NAME	SATERBO, EDITH	2.2 NAME	MARGE FOUTZ
STREET ADDRESS	2928 PLANTATION ROAD	2.3 STREET ADDRESS	2952 PLANTATION ROAD
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	TD	3.1 TITLE	TD
NAME	SCHIERHOLZ, VIRGINIA	3.2 NAME	STANLEY COOPER
STREET ADDRESS	108 GREENVIEW DRIVE	3.3 STREET ADDRESS	1776 6TH STREET, NW
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	PD	4.1 TITLE	SD
NAME	ROUNTREE, ALICE	4.2 NAME	SYLVIA WEISHAAPT
STREET ADDRESS	421 FLAGLER ROAD, S.E.	4.3 STREET ADDRESS	1368 AVENUE S, NW
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	VD	5.1 TITLE	
NAME	DUNN, PATRICK	5.2 NAME	
STREET ADDRESS	104 LAKE HAZEL DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **2/27/96** **941-324-1696**
SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)