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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 700259

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

12/30/1959

4. FEI Number

23-7190109

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ANASTASIO, LANCE W WINTER HAVEN HOSP 200 AVE E NE WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETED

NAME SATERBO, EDITH STREET ADDRESS 2928 PLANTATION ROAD CITY-ST-ZIP WINTER HAVEN FL

TITLE VD DELETED

NAME FOUTZ, MARGE STREET ADDRESS 2952 PLANTATION ROAD CITY-ST-ZIP WINTER HAVEN FL

TITLE TD DELETED

NAME COOPER, STANLEY STREET ADDRESS 1776 6TH ST NW CITY-ST-ZIP WINTER HAVEN FL

TITLE SD DELETED

NAME WEISHAUP, SYLVIA STREET ADDRESS 1368 AVE S, NW CITY-ST-ZIP WINTER HAVEN FL

TITLE VD DELETED

NAME DUNN, PATRICK STREET ADDRESS 104 LAKE HAZEL DRIVE CITY-ST-ZIP WINTER HAVEN FL

TITLE DELETED

NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition

1.2 NAME DUNN, PATRICK 1.3 STREET ADDRESS 120 Lake Hazel Drive 1.4 CITY-ST-ZIP Winter Haven, FL 33884

2.1 TITLE VD Change Addition

2.2 NAME MATTHEWS, JOSEPH 2.3 STREET ADDRESS 36 Enclave Drive 2.4 CITY-ST-ZIP Winter Haven, FL 33884

3.1 TITLE Change Addition

3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE SD Change Addition

4.2 NAME FIERRO, BETTY 4.3 STREET ADDRESS P.O. Box 430 4.4 CITY-ST-ZIP Winter Haven, FL 33882

5.1 TITLE SD Change Addition

5.2 NAME LITE, GRACE 5.3 STREET ADDRESS 122 Lake Hazel Drive 5.4 CITY-ST-ZIP Winter Haven, FL 33884

6.1 TITLE Change Addition

6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)