

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90334 015 ****61.25

DOCUMENT # 700259
 1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 23-7190109	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ANASTASIO, LANCE W
WINTER HAVEN HOSP
200 AVE E NE
WINTER HAVEN FL 33881

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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATTJEWS, KPSE 36 ENCLAVE DR WINTER HAVEN FL 33884 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, SHIRLEY 2819 AVE S. NW WINTER HAVEN FL 33881 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRUBBS, CANDY P O BOX 2191 WINTER HAVEN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIERRO, BETTY P O BOX 430 WINTER HAVEN FL 33882 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EHLERS, DORMAN 1036 MEDINAH WINTER HAVEN FL 33884 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Matthews, Joseph 36 Enclave Dr. Winter Haven, FL 33884 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dunn, Patrick 120 Lake Hazel Drive Winter Haven, FL 33884 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: SIGNATURE REQUIRED *Joseph Matthews* 1/23/01 291-6750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2037 (10/00)