


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2004 8:00 am
Secretary of State

02-25-2004 90041 029 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number MOORE CR2E037 (11/03) 23-7-190109	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ANASTASIO, LANCE W WINTER HAVEN HOSP 200 AVE E NE WINTER HAVEN FL 33881			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIERRO, BETTY		NAME	Adams, Diane	
STREET ADDRESS	PO BOX 430		STREET ADDRESS	1498 S. Lake Rochelle Dr.	
CITY-ST-ZIP	WINTER HAVEN FL 33882		CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, PATRICK		NAME	Florito, Glandy	
STREET ADDRESS	120 LAKE HAZEL DRIVE		STREET ADDRESS	1490 Lucerne Loop Rd.	
CITY-ST-ZIP	WINTER HAVEN FL 33884		CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, DIANE		NAME	Hriczo, Mildred	
STREET ADDRESS	1498 S LAKE ROCHELLE DR		STREET ADDRESS	701 Bates Avenue	
CITY-ST-ZIP	WINTER HAVEN FL 33884		CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORITO, GLANDY		NAME	Trujillo Judy	
STREET ADDRESS	1490 LUCERNE LOOP RD		STREET ADDRESS	3206 E. Lake Hartridge Drive	
CITY-ST-ZIP	WINTER HAVEN FL 33881		CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPROTT, TRINA		NAME	Dinunzio, Shelly	
STREET ADDRESS	123 HOMEWOOD DR		STREET ADDRESS	P.O. Box 1446	
CITY-ST-ZIP	WINTER HAVEN FL 33880		CITY-ST-ZIP	Winter Haven, FL 33882	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DINUNZIO, SHELLY		NAME		
STREET ADDRESS	PO BOX 1446		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33882		CITY-ST-ZIP		
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: <u>Diane Adams</u>			Date: <u>(863)291-6750</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66405451



MOORE CR2E037 (11/03)

~~APPLIED FOR~~

\$8.75 Additional Fee Required

FL Zip Code

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

SIGNATURE:

Diane Adams

(863)291-6750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment # 700859
**WINTER HAVEN HOSPITAL AUXILIARY, INC.
OFFICERS 2004-2005**

66485451

Diane Adams
1498 Lake Rochelle Drive
Winter Haven, Florida 33881
863-293-0961

President

Giandy Florito
1490 Lucerne Loop Road
Winter Haven, Florida 33881
863-294-1865

First Vice President

Mildred Hrezo
701 Bates Avenue
Winter Haven, Florida 33880
863-293-4348

Second Vice President

Judy Trujillo
3206 E. Lake Hartridge Drive
Winter Haven, FL 33881
863-297-9718

Treasurer

Jeri Harrell
2020 Kings Crossing SW
Winter Haven, Florida 33880
863-293-0469

Corresponding Secretary

Shelly DiNunzio
P.O. Box 1446
Winter Haven, Florida 33884
863-318-0798

Recording Secretary

Viviana Torres
215 Crystal Court SW
Winter Haven, FL 33880
863-293-0161

Historian

Betty Fierro
P.O. Box 430
Winter Haven, Florida 33882
863-324-3369

Parliamentarian

Emily Anderson
2099 State Road 540 West
Winter Haven, Florida 33880
863-299-3176

Red Cross Liaison