

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700259

FILED
Apr 29, 2009
Secretary of State

Entity Name: WINTER HAVEN HOSPITAL AUXILIARY INC

Current Principal Place of Business:

200 AVENUE F, N.E.
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

200 AVENUE F, N.E.
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 23-7190109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANASTASIO, LANCE W
WINTER HAVEN HOSP
200 AVE E NE
WINTER HAVEN, FL 33881 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: PD () Delete
Name: MATTHEWS, JOE
Address: 284 RUBY LAKE LN
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD () Delete
Name: WUNSCH, MARY ANN
Address: 25 LAKE ELOISE LN
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD () Delete
Name: GREEN, MARION
Address: 505 LAKE MARIAM TERR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD () Delete
Name: HREZO, MILDRED
Address: 701 BATES AVE SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: SD () Delete
Name: STEIN, JEAN
Address: 6605 SCENIC POINTE DR
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOE MATTHEWS

PD

04/29/2009

Electronic Signature of Signing Officer or Director

Date