

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700259

FILED
Mar 24, 2011
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
Name: JOHNSTON, JOAN
Address: 4091 ASHTON CLUB DRIVE
City-St-Zip: LAKE WALES, FL 33859 US

Title: VD
Name: BARNES, RANDOLPH
Address: 7029 SUMMIT DRIVE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: VD
Name: KAUFFMAN, ANNA
Address: P.O. BOX 136
City-St-Zip: DUNDEE, FL 33838 US

Title: TD
Name: GREEN, MARION
Address: 505 LAKE MARIAM TERRACE
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: SD
Name: BULLOCK, JANICE
Address: 123 4TH JPV STREET
City-St-Zip: WINTER HAVEN, FL 33880 US

I hereby 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 all other like empowered.

SIGNATURE: JOAN JOHNSTON

PD

03/24/2011

Electronic Signature of Signing Officer or Director

Date