FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB -6 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734223 (1)

1. Corporation Name

OSCEOLA REGIONAL HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
700 W. OAK ST. PO BOX 422589 KISSIMMEE FL 34742	700 W. OAK ST. PO BOX 422589 KISSIMMEE FL 34742

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/31/1975
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-1687353 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SIMMONS, KAY
806 HASTINGS DRIVE
KISSIMMEE FL 34741

10. Name and Address of New Registered Agent

81 Name: Ann DeGroot
82 Street Address (P.O. Box Number is Not Acceptable): 1537 Venice Court
83
84 City: Kissimmee FL 85 Zip Code: 34746

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ann DeGroot — Ann DeGroot, President 407-847-6785 — 1/25/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	SIMMONS, KAY	1.2 NAME	Carole Mertz	
STREET ADDRESS	806 HASTINGS DRIVE	1.3 STREET ADDRESS	498 Archer	
CITY-ST-ZIP	KISSIMMEE, FL 00000	1.4 CITY-ST-ZIP	Kissimmee, Fl. 34746	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HODGSON, ANNE	2.2 NAME	Mary Ehrenberg	
STREET ADDRESS	US HWY 27 (3737)	2.3 STREET ADDRESS	1200 Patricia Circle	
CITY-ST-ZIP	HAINES CITY FL	2.4 CITY-ST-ZIP	Kissimmee, Fl. 34741	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHWEITZER, GERTRUDE	3.2 NAME		
STREET ADDRESS	1001 PLANTATION DR., A-1	3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP		
TITLE	CS	4.1 TITLE	CS	☒ Change ☐ Addition
NAME	BONK, PHYLLIS	4.2 NAME	Jane Thompson	
STREET ADDRESS	20 TROTTERS CIRCLE	4.3 STREET ADDRESS	28 Pine Island Circle	
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	Kissimmee, Fl. 34743	
TITLE	VPD	5.1 TITLE		☒ Change ☐ Addition
NAME	LIBBY, CARMEN	5.2 NAME		
STREET ADDRESS	204 PALMWOOD CT	5.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CH 2/13

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Gertrude Schweitzer — Gertrude Schweitzer, Treasurer 407-846-2736 — 1/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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