2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#739150

FILED Apr 04, 2010 Secretary of State

Entity Name: BRANDON HOSPITAL AUXILIARY, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O BRANDON HOSPITAL AUXILLARY, INC. C/O BRANDON HOSPITAL AUXILLARY, INC. BRANDON, FL 33511

119 OAKFIELD DRIVE BRANDON, FL 33511

Current Mailing Address: New Mailing Address:

C/O BRANDON HOSPITAL AUXILLARY, INC. 119 OAKFIELD DRIVE

BRANDON, FL 33511 119 OAKFIELD DRIVE BRANDON, FL 33511

FEI Number: 59-1745948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HALL, MELONIE (HOSPITAL LIAISON) 119 OAKFIELD DRIVE BRANDON, FL 33511 US

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:

NOVAK, LEE Name: Address: 1334 BIG PINE DR. City-St-Zip: VALRICO, FL 33596

Title:

Name: MELNYK, SALLY

Address: 4406 ARRANMORE CIRCLE City-St-Zip: VALRICO, FL 33596

Title:

HORTON, CORRINE A Name: Address: 908 BALSAMINA DR. City-St-Zip: BRANDON, FL 33510

Title:

Name: BONHAM, JOYCE 1606 LOGHILL PL Address: City-St-Zip: BRANDON, FL 33510

Title:

HUMBERSON, MARY Name: 1216 E. CAMILLIA DRIVE Address: BRANDON, FL 33510 City-St-Zip:

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: CORRINE A. HORTON T 04/04/2010