

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 757302 (5)
1. Corporation Name
CENTRAL FLORIDA REGIONAL HOSPITAL AUXILIARY, INC



Principal Place of Business 1401 W SEMINOLE BLVD SANFORD FL 32771		Mailing Address 1401 W SEMINOLE BLVD SANFORD FL 32771	
2. Principal Place of Business		2a. Mailing Address	
21	26	3. Date Incorporated or Qualified 03/30/1981	
Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1995	
22		4. FEI Number 59-2698937	
City & State		Applied For Not Applicable	
23		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25 Country	
29		30 Country	
28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LEFILS, GREGORY 815 S. VOLUSIA AVENUE ORANGE CITY FL 32763		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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 Section 617.0503, Florida Statutes.

SIGNATURE

President:
Floray, Dorothy
1170 Bayon Drive
Deltona, F/1.32725

Pres. Elect:
Jones, Robert
401 W. Seminole Blvd.
Sanford, Fl. 32771

Vice President:
Reed, Terry
785 Sutlnd Street
Deltona, Fl. 32725

Treas. r .
Avenel, Edith
708 Baywood Circle
Sanford, F/1. 32773

Sec.
Ridenour, Beatrice
1370 Melshire Ave.
Deltona, F/1.32725

Registered Agent signature required when reinstating)		DATE	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D	Smith, Grace	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		102 Par Place	
1.3 STREET ADDRESS		Lake Msry, Fl. 32746	
1.4 CITY-ST-ZIP			
2.1 TITLE	D	Back, Jane	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		1170 Elkcam Blvd	
2.3 STREET ADDRESS		Deltona, Fl 32725	
2.4 CITY-ST-ZIP			
3.1 TITLE	D	Askew, Miriam	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		2527 Hiawatha Avenue	
3.3 STREET ADDRESS		Sanford, Fl/. 32773	
3.4 CITY-ST-ZIP			
4.1 TITLE			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I certify that the information indicated on this 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, 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: *[Signature]* **W. Lutz** **1/19/96** **(904) 715-6999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)