

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91019 050 ****61.25

DOCUMENT # 757302
 1. Entity Name
CENTRAL FLORIDA REGIONAL HOSPITAL AUXILIARY ING.



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: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____

4. FEI Number: **59-2698937**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
LEFILS, GREGORY
165 OAK AVENUE
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **161 E Rose Ave.**
Orange City, FL
 City: _____ State: **FL** Zip Code: **32763**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME: VP ANTHONY, DOROTHY STREET ADDRESS: 200 FOREST DR. CITY-ST-ZIP: SANFORD FL 32773	<input type="checkbox"/> Delete
TITLE NAME: PD ROGERS, LOUISE STREET ADDRESS: 6225 C 427 CITY-ST-ZIP: SANFORD FL 32773	<input checked="" type="checkbox"/> Delete
TITLE NAME: TR WALLACE, PHYLISS STREET ADDRESS: 2414 PALMETTO AVE. CITY-ST-ZIP: SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME: RS WALLACE, PHYLISS STREET ADDRESS: 2414 PALMETTO AVE. CITY-ST-ZIP: SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME: CS JONES, MARY HELEN STREET ADDRESS: 234 TIMBERCREST DR E. CITY-ST-ZIP: DELTONA FL 32728	<input checked="" type="checkbox"/> Delete
TITLE NAME: VPD STASSEN, HELEN STREET ADDRESS: 76 DOG TRAIL CITY-ST-ZIP: DEBARY FL 32713	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME: P/D ANTHONY, DOROTHY STREET ADDRESS: 200 Forest Dr. CITY-ST-ZIP: Sanford, FL 32773	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: V/D Salvatore, Delores STREET ADDRESS: 1385 Azora Dr. CITY-ST-ZIP: Deltona, FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME: T/D Wallace, Phyllis STREET ADDRESS: 2414 Palmetto Ave. CITY-ST-ZIP: Sanford, FL 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: RS Tittle, Linda STREET ADDRESS: 113 Meadow Blvd. CITY-ST-ZIP: Sanford, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME: CS Duguid, Suzanne STREET ADDRESS: 3755 Pine Hurst St. CITY-ST-ZIP: Deltona, FL 32738	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME: PE Reiley, Ada STREET ADDRESS: 1030 Eva St. CITY-ST-ZIP: Deltona, FL 32725	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phyllis D. Wallace Phyllis D. Wallace 4/21/04 407-323-0694
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #