
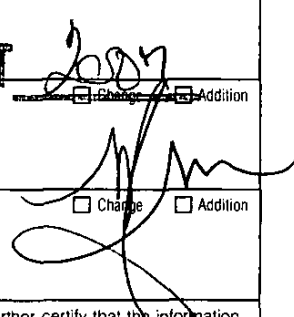
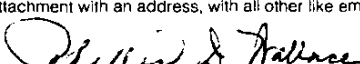


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1/2

<b>DOCUMENT # 757302</b> 1. Entity Name <b>CENTRAL FLORIDA REGIONAL HOSPITAL AUXILIARY ING.</b>					
Principal Place of Business <b>1401 W SEMINOLE BLVD SANFORD, FL 32771</b>			Mailing Address <b>1401 W SEMINOLE BLVD SANFORD, FL 32771</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10092007 REIN-NP CR2E099 (1/07)	
Zip		Country		4. FEI Number <b>59-2698937</b>	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LEFILS, GREGORY 161 E ROSE AVE. ORANGE CITY, FL 32763</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DUGUID, SUZANNE</b> <b>3755 PINE HURST ST DELTONA, FL 32738</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>LYONS, ANN</b> <b>13551 Devenshire Ct. Grand Island, FL 32735</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>JONES, MARGARET P</b> <b>711 E 1ST ST SANFORD, FL 32771</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>ANTHONY, Dorothy</b> <b>1718 Pine Ridge Rd. Sanford, FL 32773</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>WALLACE, PHYLLIS D</b> <b>2414 PALMETTO AVE SANFORD, FL 32771</b>	<input type="checkbox"/> Delete	800110744598 10/12/07--01065--022 **70.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>TITTLE, LINDA</b> <b>113 MEADOW BLVD SANFORD, FL 32771</b>	<input type="checkbox"/> Delete	<b>REINSTATEMENT 2007</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS <b>JONES, JUDY</b> <b>7221 LK DR SANFORD, FL 32771</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE <b>CANFIELD, LYNDALL</b> <b>129 RABUNCT SANFORD, FL 32773</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 		<b>Phyllis D Wallace</b>		10/9/07	407-323-2694
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

FILED  
 07 OCT 12 AM 9:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2/2

**CENTRAL FLORIDA REGIONAL HOSPITAL AUXILIARY, INC.**  
**1401 W. SEMINOLE BLVD.**  
**SANFORD, FL 32771**

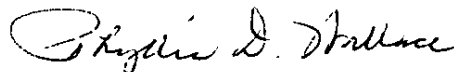
October 9, 2007

Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Document 757302, FEI 59-2698937

Enclosed please find Reinstatement form for the above organization. I did not receive forms to fill out previously.

Sincerely,



Phyllis D. Wallace, Treasurer

Enc. Form and check