


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 23, 2008 8:00 am**  
**Secretary of State**

06-23-2008 90001 035 \*\*\*\*61.25

<b>DOCUMENT # 757302</b>					
1. Entity Name <b>CENTRAL FLORIDA REGIONAL HOSPITAL AUXILIARY ING.</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2698937</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEFILS, GREGORY 161 E ROSE AVE. ORANGE CITY, FL 32763			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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>Filing Fee is \$61.25 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, ANN		NAME		
STREET ADDRESS	13551 DEVENSHIRE CT.		STREET ADDRESS		
CITY-ST-ZIP	GRAND ISLAND, 32 32735		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY, DOROTHY		NAME		
STREET ADDRESS	1718 PINE RIDGE RD.		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32773		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, PHYLLIS D		NAME		
STREET ADDRESS	2414 PALMETTO AVE		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TITTLE, LINDA		NAME		
STREET ADDRESS	113 MEADOW BLVD		STREET ADDRESS		
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP		
TITLE	CS	<input checked="" type="checkbox"/> Delete	TITLE	CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JUDY		NAME	PEGAN, DIANE	
STREET ADDRESS	7221 LK DR		STREET ADDRESS	1246 GLENCREST DRIVE	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	PE	<input checked="" type="checkbox"/> Delete	TITLE	PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANFIELD, LYNDA		NAME	JONES, JUDY	
STREET ADDRESS	129 RABUNCT		STREET ADDRESS	7221 LAKE DRIVE	
CITY-ST-ZIP	SANFORD, FL 32773		CITY-ST-ZIP	SANFORD, FL 32771	
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.					
SIGNATURE: <u>Phyllis D. Wallace</u>		Phyllis D. Wallace		6/18/08 407-323-0694	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	