

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 757302

FILED
Oct 12, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA REGIONAL HOSPITAL AUXILIARY ING.

Current Principal Place of Business:

1401 W SEMINOLE BLVD
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

1401 W SEMINOLE BLVD
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-2698937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEFILS, GREGORY
161 E ROSE AVE.
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

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: GREGORY LEFILS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LYONS, ANN
Address: 13551 DEVENSHIRE CT.
City-St-Zip: GRAND ISLAND, 32 32735

Title: VD () Delete
Name: ANTHONY, DOROTHY
Address: 1718 PINE RIDGE RD.
City-St-Zip: SANFORD, FL 32773

Title: TD () Delete
Name: WALLACE, PHYLLIS D
Address: 2414 PALMETTO AVE
City-St-Zip: SANFORD, FL 32771

Title: SD () Delete
Name: TITTLE, LINDA
Address: 113 MEADOW BLVD
City-St-Zip: SANFORD, FL 32771

Title: PE () Delete
Name: JONES, JUDY
Address: 7221 LK DR
City-St-Zip: SANFORD, FL 32771

Title: CS () Delete
Name: PEGAN, DIANE
Address: 1246 GLENCREST DR
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JONES, JUDY
Address: 7221 LAKE DRIVE
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PE (X) Change () Addition
Name: RIDGEWAY, SUSIE
Address: 4308 MESSINA DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PHYLLIS WALLACE

TD

10/12/2009

Electronic Signature of Signing Officer or Director

Date