

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757302

FILED  
Jan 08, 2010  
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 ( )**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JONES, JUDY  
Address: 7221 LAKE DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: VD  
Name: SULLIVAN, MARLENE  
Address: 125 COUNTRY CLUB CIRCLE  
City-St-Zip: SANFORD, FL 32771

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

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

Title: PE  
Name: RIDGEWAY, MERIEM  
Address: 4308 MESSINA DRIVE  
City-St-Zip: LAKE MARY, FL 32746

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

I hereby 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 all other like empowered.

SIGNATURE: PHYLLIS D. WALLACE

TREA

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date