

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757302

FILED
Feb 16, 2011
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: RIDGEWAY, MERIEM P
Address: 4308 MESSINA DRIVE
City-St-Zip: LAKE MARY, FL 32746

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

Title: TD
Name: MATHIS, JANE B
Address: 813 SWALLOW LANE
City-St-Zip: OSTEEN, FL 32764

Title: SD
Name: MCBRIDE, MARIE
Address: 138 MEADOW BLVD.
City-St-Zip: SANFORD, FL 32771

Title: VP
Name: UNDERWOOD, MARTHA
Address: 869 SILVERWOOD 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: JANE B. MATHIS

TREA

02/16/2011

Electronic Signature of Signing Officer or Director

Date