

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700259

FILED
Apr 24, 2015
Secretary of State
CC4798553526

Entity Name: WINTER HAVEN HOSPITAL AUXILIARY INC

Current Principal Place of Business:

200 AVENUE F, N.E.
WINTER HAVEN, FL 33881

Current Mailing Address:

200 AVENUE F, N.E.
WINTER HAVEN, FL 33881

FEI Number: 23-7190109

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NIERMAN, STEPHEN
2600 SE PAMELA DRIVE
WINTERHAVEN, FL 33884 US

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: STEPHEN NIERMAN

04/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KAUFFMAN, ANNA
Address P.O. BOX 136
City-State-Zip: DUNDEE FL 33838

Title SECOND VICE PRESIDENT
Name HARTT, SHEILA
Address P.O. BOX 2668
City-State-Zip: WINTER HAVEN FL 33883

Title FIRST VICE PRESIDENT
Name STANGRY, CHARLOTTE
Address P.O. BOX1686
City-State-Zip: HAINES CITY FL 33845

Title TREASURER
Name GREEN, MARION
Address 505 LAKE MARIAM TERRACE
City-State-Zip: WINTER HAVEN FL 33884

Title CORRESPONDING SECRETARY
Name BULLOCK, JANICE
Address 123 4TH JPV STREET
City-State-Zip: WINTER HAVEN FL 33880

Title RECORDING SECRETARY
Name DINUNZIO, SHELLY
Address P.O. BOX 1446
City-State-Zip: WINTER HAVEN FL 33882

Title HISTORIAN
Name GIBSON, JOHN
Address 17 BRIDGEWATER DRIVE
City-State-Zip: WINTER HAVEN FL 33884

Title IMMEDIATE PAST
 PRESIDENT/ADVISOR/PARLIMENTARI
 AN
Name JOHNSTON, JOAN
Address 4091 ASHTON CLUB ROAD
City-State-Zip: WINTER HAVEN FL 33859

Continues on page 2

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: KATHRYN THRELKEL

DIRECTOR VOLUNTEER SERVICES

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR VOLUNTEER SERVICES
Name THRELKEL, KATHRYN
Address WINTER HAVEN HOSPITAL
 200 AVENUE F, NE
City-State-Zip: WINTER HAVEN FL 33881

Title VOLUNTEER SERVICES
 COORDINATOR
Name KNEPP, PATRICIA
Address WINTER HAVEN HOSPITAL
 200 AVENUE F, NE
City-State-Zip: WINTER HAVEN FL 33881