

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700259

FILED
Feb 11, 2013
Secretary of State
CC4615497070

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:

ANASTASIO, LANCE W
WINTER HAVEN HOSP
200 AVE E NE
WINTER HAVEN, FL 33881 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name JOHNSTON, JOAN
Address 4091 ASHTON CLUB DRIVE
City-State-Zip: LAKE WALES FL 33859

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

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

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

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

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: JOAN JOHNSTON

**PRESIDENT, WINTER
HAVEN HOSPITAL
AUXILIARY**

02/11/2013

Electronic Signature of Signing Officer/Director Detail

Date