

2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 700259

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

04/28/2015

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 HILL, KATHLEEN
Address 548 HEATHER GLEN DR
City-State-Zip: WINTER HAVEN FL 33884

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

Title TREASURER
Name SCHAPER, NANCY
Address 82 ST. KITT'S CIRCLE
City-State-Zip: WINTER HAVEN FL 33884

Title CORRESPONDING SECRETARY
Name GREEN, MARION
Address 505 LAKE MIRIAM TERRACE
City-State-Zip: WINTER HAVEN FL 33884

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

Title HISTORIAN
Name HENRY, EDNA
Address 317 LA SERENA DR, SE
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

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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

VOLUNTEER SERVICES
MANAGER

04/28/2015

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