

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700259

FILED
Feb 21, 2020
Secretary of State
9323736269CC

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
200 AVE F, 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: STEPHEN NIERMAN

02/21/2020

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 BARBER, CINDY
Address 447 SAN JOSE DR
City-State-Zip: WINTER HAVEN FL 33884

Title FIRST VICE PRESIDENT
Name ISAAK, GARY
Address 212 OAK CROSSING BLVD
City-State-Zip: AUBURNDALE FL 33823

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

Title CORRESPONDING SECRETARY
Name COSS, NANCY
Address 1012 INMAN TERRACE
City-State-Zip: WINTER HAVEN FL 33881

Title RECORDING SECRETARY
Name HILL, KATHLEEN
Address 548 HEATHER GLENN DR
City-State-Zip: WINTER HAVEN FL 33884

Title HISTORIAN
Name FICO, JEAN
Address 173 MAGENTA LOOP
City-State-Zip: AUBURNDALE FL 33823

Title IMMEDIATE PAST
 PRESIDENT/ADVISOR/PARLIMENTARI
 AN
Name KNEPP, TRISHA
Address 3003 PLANTATION RD
City-State-Zip: WINTER HAVEN FL 33884

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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

**MANAGER VOLUNTEER
RESOURCES**

02/21/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MANAGER VOLUNTEER SERVICES

Name THRELKEL, KATHRYN

Address WINTER HAVEN HOSPITAL
 200 AVENUE F, NE

City-State-Zip: WINTER HAVEN FL 33881