

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700259

**FILED**  
**Mar 27, 2018**  
**Secretary of State**  
**CC6252588355**

**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

03/27/2018

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            BULLOCK, JANICE  
Address        123 4TH ST, JVP  
City-State-Zip: WINTER HAVEN FL 33880

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

Title            CORRESPONDING SECRETARY  
Name            HENRY, EDNA  
Address        317 LASERENA DR, SE  
City-State-Zip: WINTER HAVEN FL 33884

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

Title            HISTORIAN  
Name            LAWSON, JOYCE  
Address        836 REFLECTIONS LOOP, E  
City-State-Zip: WINTER HAVEN FL 33884

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

**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

**MANAGER VOLUNTEER  
SERVICES**

03/27/2018

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