

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700259

FILED
Mar 21, 2017
Secretary of State
CC1882143881

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

03/21/2017

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

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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
SERVICES**

03/21/2017

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