

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739150

**Entity Name:** BRANDON HOSPITAL AUXILIARY, INC.

**Current Principal Place of Business:**

C/O BRANDON HOSPITAL AUXILIARY, INC.  
119 OAKFIELD DRIVE  
BRANDON, FL 33511

**Current Mailing Address:**

C/O BRANDON HOSPITAL AUXILIARY, INC.  
119 OAKFIELD DRIVE  
BRANDON, FL 33511

**FEI Number:** 59-1745948

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALLEN, KRISTEN  
(HOSPITAL LIAISON)  
119 OAKFIELD DRIVE  
BRANDON, FL 33511 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:** KRISTEN ALLEN

01/22/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name TETREAULT, CAROLYN  
Address 4006 FONTANA PLACE  
City-State-Zip: VALRICO FL 33596

Title VP  
Name LOPEZ, WILLIAM  
Address 556 ROBIN HILL CIRCLE  
City-State-Zip: BRANDON FL 33510

Title T  
Name BARBER, BARBARA  
Address 9626 BIRNAMWOOD ST,  
City-State-Zip: RIVERVIEW FL 33569

Title T  
Name BONHAM, JOYCE  
Address 1606 LOGHILL PL  
City-State-Zip: BRANDON FL 33510

Title S  
Name BARNES, CAROLYN  
Address 2301 DOVEWOOD ESTATES CT.  
City-State-Zip: VALRICO FL 33594

*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:** BARBARA A BARBER

**TREASURER**

01/22/2017

Electronic Signature of Signing Officer/Director Detail

Date