

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739150

Entity Name: BRANDON HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-1745948

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILKINS, BARRY
(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: BARRY WILKINS

01/26/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MELNYK, SALLY
Address 4406 ARRANMORE CIRCLE
City-State-Zip: VALRICO FL 33596

Title VP
Name FREEMAN, JAQUELINE
Address 2729 DURANT TRAILS BLVD.
City-State-Zip: DOVER FL 33527

Title T
Name WILKINS, BARRY
Address 303 E.WHEELER RD.
City-State-Zip: SEFFNER FL 33584

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: BARRY WILKINS

TREASURER

01/26/2018

Electronic Signature of Signing Officer/Director Detail

Date