

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757302

**Entity Name:** CENTRAL FLORIDA REGIONAL HOSPITAL AUXILIARY ING.

**Current Principal Place of Business:**

ATTN: GIFT SHOP  
1401 W SEMINOLE BLVD  
SANFORD, FL 32771

**Current Mailing Address:**

ATTN: GIFT SHOP  
1401 W SEMINOLE BLVD  
SANFORD, FL 32771 US

**FEI Number:** 59-2698937

**Certificate of Status Desired:** Yes

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

RUSSELL, DEBRA L  
136 DEERPATH RD.  
DEBARY, FL 32713 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:** DEBRA L. RUSSELL

03/04/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BODISON, SYLVIA  
Address P.O. BOX 2302  
City-State-Zip: SANFORD FL 32772

Title PE  
Name ROSS, ANTOINETTE  
Address 3019 YORKSHIRE DR.  
City-State-Zip: DELTONA FL 32738

Title T  
Name RUSSELL, DEBRA L  
Address 136 DEERPATH RD.  
City-State-Zip: DEBARY FL 32713

Title RS  
Name MCBRIDE, MARIE  
Address 138 MEADOW BLVD  
City-State-Zip: SANFORD FL 32771

Title VP  
Name MARTINO, ANN  
Address 2318 S. PARK AVE.  
City-State-Zip: SANFORD FL 32771

Title CS  
Name WALLACE, PHYLLIS  
Address 2414 PALMETTO AVE.  
City-State-Zip: SANFORD FL 32771

*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:** DEBRA L. RUSSELL

**TREASURER**

03/04/2015

Electronic Signature of Signing Officer/Director Detail

Date