

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757302

FILED
Jan 31, 2016
Secretary of State
CC9457842546

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:

ROSS, ANTOINETTE J
3019 YORKSHIRE DR.
DELTONA, FL 32738 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: ANTOINETTE ROSS

01/31/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name BELLER, CLAUDIA
Address 351 SABAL SPRINGS CT.
City-State-Zip: DEBARY FL 32713

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

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

Title VP
Name BRADHAM, MARIE
Address PO BOX 470784
City-State-Zip: LAKE MONROE FL 32747

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: ANTOINETTE ROSS

RA

01/31/2016

Electronic Signature of Signing Officer/Director Detail

Date