

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757302

FILED
Feb 28, 2014
Secretary of State
CC9120066895

Entity Name: CENTRAL FLORIDA REGIONAL HOSPITAL AUXILIARY ING.

Current Principal Place of Business:

1401 W SEMINOLE BLVD
SANFORD, FL 32771

Current Mailing Address:

1401 W SEMINOLE BLVD
SANFORD, FL 32771

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

02/28/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name UNDERWOOD, MARTHA
Address 869 SILVERWOOD DRIVE
City-State-Zip: LAKE MARY FL 32746

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

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

Title RS
Name THOMAS, DOTTIE
Address 504 HOCKENDALE COVE
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

Title AT
Name BORG, MERRY
Address 146 VENETIAN BAY CIRCLE
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

02/28/2014

Electronic Signature of Signing Officer/Director Detail

Date