

2017 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: No

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

04/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BORG, MERRY
Address ATTN: GIFT SHOP
 1401 W SEMINOLE BLVD
City-State-Zip: SANFORD FL 32771

Title TREASURER
Name ROSS, ANTOINETTE J
Address ATTN: GIFT SHOP
 1401 W SEMINOLE BLVD
City-State-Zip: SANFORD FL 32771

Title SECRETARY
Name JONES, PEG
Address ATTN: GIFT SHOP
 1401 W SEMINOLE BLVD
City-State-Zip: SANFORD FL 32771

Title ASST. TREASURER
Name GRADY, DOROTHY
Address ATTN: GIFT SHOP
 1401 W SEMINOLE BLVD
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 J. ROSS

TREASURER

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date