

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23868

**Entity Name:** SANTA ROSA MEDICAL CENTER AUXILIARY, INC.

**Current Principal Place of Business:**

6002 BERRYHILL RD.  
MILTON, FL 32570

**Current Mailing Address:**

6002 BERRYHILL RD  
MILTON, FL 32570 US

**FEI Number:** 59-2847957

**Certificate of Status Desired:** No

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

HARP, MARJORIE  
6002 BERRYHILL ROAD  
MILTON, FL 32570 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:** MARJORIE HARP

06/12/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MILLHAM, DANIEL J.  
Address        5113 HOODLESS COURT  
City-State-Zip: MILTON FL 32570

Title           DIRECTOR  
Name           KENNEDY , CHARLIE  
Address        6789 WALKER STREET  
City-State-Zip: MILTON FL 32570

Title           SECRETARY  
Name           FINCH, LOIS  
Address        5679 PINE RIDGE DRIVE  
City-State-Zip: MILTON FL 32570

Title           PRESIDENT  
Name           JACKSON, PATRICIA  
Address        6429 GAYNELL AVENUE  
City-State-Zip: MILTON FL 32570

Title           VP  
Name           JACKSON, KAREN  
Address        6729 BARNWOOD DRIVE  
City-State-Zip: MILTON FL 32570

Title           DIRECTOR  
Name           CURTIS, LAWERENCE  
Address        5317 MEDICINE BOW  
City-State-Zip: MILTON FL 32570

*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:** DANIEL J. MILLHAM

**TREASURER**

06/12/2020

Electronic Signature of Signing Officer/Director Detail

Date