

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23868

FILED
Feb 09, 2015
Secretary of State
CC6479340673

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:

BYROM, JENNIFER
310 ELMIRA STR
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name CURTIS, LARRY E
Address 5317 MEDICINE BOW STREET
City-State-Zip: MILTON FL 32570

Title D
Name FONDREN, ROBERT
Address 5248 GOSHAWK DRIVE
City-State-Zip: MILTON FL 32570

Title O
Name JARVIS, JOAN
Address 6206 GREENWOOD DRIVE
City-State-Zip: MILTON FL 32570

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

Title PRESIDENT
Name DAMICO, BARBARA PRESIDENT
Address 5534 FIREFOX ROAD
City-State-Zip: MILTON FL 32583

Title SECRETARY
Name DILLON, DEANNA
Address 5360 DALTON CIRCLE
City-State-Zip: MILTON FL 32570

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

Title SECOND VICE PRESIDENT
Name MARSH, JOHN
Address 5212 MORGAN RIDGE DRIVE
City-State-Zip: MILTON FL 32570

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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: LARRY CURTIS

TREASURER

02/09/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title O
Name KISKE, BEVERLY
Address 6722 CEDAR RIDGE CIRCLE
City-State-Zip: MILTON FL 32570