2018 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   04/23/2018

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	TREASURER		Title	DIRECTOR
Name	MILLHAM, DANIEL J.		Name	KENNEDY , CHARLIE
Address	5113 HOODLESS COURT		Address	6789 WALKER STREET
City-State-Zip:	MILTON FL 32570		City-State-Zip:	MILTON FL 32570
Title	DIRECTOR		Title	SECRETARY
Name	BALZER, MARY ANN		Name	FINCH, LOIS
Address	2261 PLEASANT GROVE ROAD		Address	5679 PINE RIDGE DRIVE
City-State-Zip:	MILTON FL 32570		City-State-Zip:	MILTON FL 32570
Title	PRESIDENT		Title	VP
Name	JACKSON, PATRICIA		Name	JACKSON, KAREN
Address	6429 GAYNELL AVENUE		Address	6729 BARNWOOD DRIVE
City-State-Zip:	MILTON FL 32570		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   04/23/2018

Electronic Signature of Signing Officer/Director Detail   Date