FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -1 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700259 (5)

1. Corporation Name

WINTER HAVEN HOSPITAL AUXILIARY INC

Principal Place of Business	Mailing Address
200 AVENUE F. N.E. WINTER HAVEN FL 33881	200 AVENUE F. N.E. WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1959
3a. Date of Last Report: 02/04/1994
4. FEI Number: 23-7190109 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ANASTASIO, LANCE W
WINTER HAVEN HOSP
200 AVE E NE
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	SD	[X] Change ☐ Addition
NAME	PARMAN, TERRY	1.2 NAME	FOUTZ, MARGE	
STREET ADDRESS	414 FLAGLER RD., S.E.	1.3 STREET ADDRESS	2952 PLANTATION ROAD	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	VD	2.1 TITLE	VD	[X] Change ☐ Addition
NAME	POWERS, DOUGLAS	2.2 NAME	SATERBO, EDITH	
STREET ADDRESS	1776 6TH ST. N.W. #209	2.3 STREET ADDRESS	2928 PLANTATION ROAD	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	TD	3.1 TITLE	TD	[X] Change ☐ Addition
NAME	WEST, HELEN	3.2 NAME	SCHIERHOLZ, VIRGINIA	
STREET ADDRESS	34 BERNA CIRCLE	3.3 STREET ADDRESS	108 GREENVIEW DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	PD	4.1 TITLE	PD	[X] Change ☐ Addition
NAME	EHLERS, DORMAN	4.2 NAME	ROUNTREE, ALICE	
STREET ADDRESS	131 PARK LANE	4.3 STREET ADDRESS	421 FLAGLER ROAD, S.E.	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	VD	5.1 TITLE	VD	[X] Change ☐ Addition
NAME	ROUNTREE, ALICE	5.2 NAME	DUNN, PATRICK	
STREET ADDRESS	421 FLAGLER ROAD, SE	5.3 STREET ADDRESS	104 LAKE HAZEL DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alice Rountree Feb. 10, 1995 813/324-3711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime) Phone #

0018240