


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90029 014 \*\*\*\*61.25

<b>DOCUMENT # 700259</b>					
1. Entity Name <b>WINTER HAVEN HOSPITAL AUXILIARY INC</b>					
Principal Place of Business <b>200 AVENUE F, N.E. WINTER HAVEN FL 33881</b>			Mailing Address <b>200 AVENUE F, N.E. WINTER HAVEN FL 33881</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>23-7190109</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>ANASTASIO, LANCE W WINTER HAVEN HOSP 200 AVE E NE WINTER HAVEN FL 33881</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATTHEWS, JOE 284 RUBY LAKE LN WINTER HAVEN FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Green, Marion 505 Lake Marion Terrace Winter Haven, FL 33884	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WUNSCH, MARY ANN 25 LAKE ELOISE LN WINTER HAVEN FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DINUNSIO, SHELLY PO BOX 1446 WINTER HAVEN FL 33882	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HREZO, MILDRED 701 BATES AVE SW WINTER HAVEN FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEIN, JEAN 6605 SCENIC POINTE DR WINTER HAVEN FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/07 (863) 291-6750

Date Daytime Phone #