2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

DOCUMENT# 700259

Entity Name: WINTER HAVEN HOSPITAL AUXILIARY INC

Current Principal Place of Business:

200 AVENUE F, N.E.
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

200 AVENUE F, N.E.
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 23-7190109 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: HREZO, MILDRED
Address: 333 W. LAKE HOWARD DRIVE #204
City-St-Zip: WINTER HAVEN, FL 33880

Title: VD
Name: JOHNSTON, JOAN
Address: 25 LAKE E4091 ASHTON CLUB ROAD
City-St-Zip: LAKE WALES, FL 33859

Title: TD
Name: GREEN, MARION
Address: 505 LAKE MARIAM TERR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD
Name: BARNES, RANDOLPH
Address: 7129 SUMMIT DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD
Name: STANGRY, CHARLOTTE
Address: P.O. BOX 1686
City-St-Zip: HAINES CITY, FL 33845

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: MILDRED HREZO PD 01/05/2010

Electronic Signature of Signing Officer or Director — Date