

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739150

FILED
Jul 19, 2009
Secretary of State

Entity Name: BRANDON HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

C/O BRANDON HOSPITAL AUXILIARY, INC.
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

119 OAKFIELD DRIVE
BRANDON, FL 33511

New Mailing Address:

FEI Number: 59-1745948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HALL, MELONIE
(HOSPITAL LIAISON)
119 OAKFIELD DRIVE
BRANDON, FL 33511 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUMBERSON, C.K. T
Address: 1216 EAST CAMELLIA DR
City-St-Zip: BRANDON, FL 33510

Title: VP () Delete
Name: NOVAK, LEE
Address: 1334 BIG PINE DR
City-St-Zip: VALRICO, FL 33596

Title: T () Delete
Name: DAILY, JOAN
Address: 1918 CITRUS ORCHARD WAY
City-St-Zip: VALRICO, FL 33594

Title: T () Delete
Name: BONHAM, JOYCE
Address: 16060 LOGHILL PL
City-St-Zip: BRANDON, FL 33510

Title: S () Delete
Name: PINZIVZILI, M. CHRIS
Address: 716 CHOO CHOO LN
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HORTON, CORRINE A
Address: 908 BALSAMINA DR.
City-St-Zip: BRANDON, FL 33510

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: HUMBERSON, MARY
Address: 1216 E. CAMILLIA DRIVE
City-St-Zip: BRANDON, FL 33510

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: C. K. TIM HUMBERSON

PRES

07/19/2009

Electronic Signature of Signing Officer or Director

Date