

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749596

FILED
Jan 18, 2009
Secretary of State

Entity Name: TWIN CITIES HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

2190 HWY 85 NORTH
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

2190 HWY 85 NORTH
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 59-2478138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAUCEDA, ANNE
3205 SUNSHINE LANE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

CONROY, CATHERINE TREAS.
1620 CORSICA COVE
NICEVILLE, FL 32578 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: CATHERINE CONROY, TREASURER

01/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D2VP () Delete
Name: HUMPHREY, ROBERTA
Address: 3949 BALEAN DR.
City-St-Zip: NICEVILLE, FL 32578

Title: DP () Delete
Name: SAUCEDA, ANNE
Address: 3205 SUNSHINE LANE
City-St-Zip: NICEVILLE, FL 32578

Title: DT () Delete
Name: CONROY, CATHERINE
Address: 1620 CORSICA COVE
City-St-Zip: NICEVILLE, FL 32578

Title: RS () Delete
Name: VAN PELT, CAROLYN
Address: 1405 B BAYSHORE DR
City-St-Zip: NICEVILLE, FL 32578

Title: D1VP () Delete
Name: STAPLETON, WANDA
Address: 510 SPRINGACRES COVE
City-St-Zip: NICEVILLE, FL 32578

Title: DS () Delete
Name: ADKISON, MEREDITH
Address: 375 PERSIMMON ST.
City-St-Zip: FREEPORT, FL 32439

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 1SVP (X) Change () Addition
Name: VANPELT, CAROLYN
Address: 1405B BAYSHORE DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: PRES (X) Change () Addition
Name: STAPLETON, WANDA
Address: 510 SPRINGACRES COVE
City-St-Zip: NICEVILLE, FL 32578

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

Title: 2 VP (X) Change () Addition
Name: CATRON, MARY LOU
Address: 1921 KADIMA CIRCLE
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: A.TR (X) Change () Addition
Name: HAGGSTROM, JOAN
Address: 1222 OAKMONT DR.
City-St-Zip: NICEVILLE, FL 32578

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

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: CATHERINE CONROY

TREA

01/18/2009

Electronic Signature of Signing Officer or Director

Date