

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749596

**FILED**  
**Mar 10, 2012**  
**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:**

VANPELT, CAROLYN PRES  
1405B BAYSHORE DRIVE  
NICEVILLE, FL 32578 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:** 1SVP  
**Name:** HUMPHREY, ROBERTA M  
**Address:** 3949 BALSAM DRIVE  
**City-St-Zip:** NICEVILLE, FL 32578 US

**Title:** PRES  
**Name:** VANPELT, CAROLYN  
**Address:** 1405B BAYSHORE DRIVE  
**City-St-Zip:** NICEVILLE, FL 32578 US

**Title:** TREA  
**Name:** WILLOZ, PATRICIA G  
**Address:** 4315 SUNSET BEACH BLVD  
**City-St-Zip:** NICEVILLE, FL 32578 US

**Title:** 2 VP  
**Name:** CATRON, MARY LOU  
**Address:** 1921 KADIMA CIRCLE  
**City-St-Zip:** FT. WALTON BEACH, FL 32547

**Title:** A.TR  
**Name:** STAPLETON, WANDA M  
**Address:** 510 SPRING ACRES COVE  
**City-St-Zip:** NICEVILLE, FL 32578 US

**Title:** SEC  
**Name:** JOYCE, REGINA  
**Address:** 4335 SUNSET BEACH CIRCLE  
**City-St-Zip:** NICEVILLE, FL 32578 US

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:** PATRICIA G. WILLOZ

TREA

03/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date