

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90058 027 \*\*\*\*61.25

**DOCUMENT # 757302**

1. Entity Name

**CENTRAL FLORIDA REGIONAL HOSPITAL AUXILIARY  
ING.**



Principal Place of Business

**1401 W SEMINOLE BLVD  
SANFORD FL 32771**

Mailing Address

**1401 W SEMINOLE BLVD  
SANFORD FL 32771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2698937**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEFILS, GREGORY  
161 E ROSE AVE.  
ORANGE CITY FL 32763**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD ☒ Delete  
NAME ANTHONY, DOROTHY  
STREET ADDRESS 200 FOREST DR.  
CITY-ST-ZIP SANFORD FL 32773

TITLE PD ☒ Change ☐ Addition  
NAME SUZANNE DUGUID  
STREET ADDRESS 3755 PINE HURST ST.  
CITY-ST-ZIP DELTONA, FL 32738

TITLE PD ☒ Delete  
NAME SALVATORE, DELORES  
STREET ADDRESS 1385 AZORA DR.  
CITY-ST-ZIP DELTONA FL 32725

TITLE VD ☒ Change ☐ Addition  
NAME MARGARET (PEG) JONES  
STREET ADDRESS 711 E. 1ST ST.  
CITY-ST-ZIP SANFORD, FL 32771

TITLE VD ☐ Delete  
NAME WALLACE, PHYLLIS  
STREET ADDRESS 2414 PALMETTO AVE.  
CITY-ST-ZIP SANFORD FL 32771

TITLE TD ☒ Change ☐ Addition  
NAME PHYLLIS D. WALLACE  
STREET ADDRESS 2414 PALMETTO AVE.  
CITY-ST-ZIP SANFORD, FL 32771

TITLE TD ☐ Delete  
NAME TITTLE, LINDA  
STREET ADDRESS 113 MEADOW BLVD  
CITY-ST-ZIP SANFORD FL 32771

TITLE SD ☒ Change ☐ Addition  
NAME LINDA TITTLE  
STREET ADDRESS 113 MEADOW BLVD.  
CITY-ST-ZIP SANFORD, FL 32771

TITLE CS ☒ Delete  
NAME DUGUID, SUZANNE  
STREET ADDRESS 3755 PINE HURST ST.  
CITY-ST-ZIP DELTONA FL 32738

TITLE CS ☒ Change ☐ Addition  
NAME JUDY JONES  
STREET ADDRESS 7221 LAKE DRIVE  
CITY-ST-ZIP SANFORD, FL 32771

TITLE PE ☒ Delete  
NAME REILEY, ADA  
STREET ADDRESS 1030 EVA ST.  
CITY-ST-ZIP DELTONA FL 32725

TITLE PE ☒ Change ☐ Addition  
NAME LYNDALL CANFIELD  
STREET ADDRESS 129 RABUNCT.  
CITY-ST-ZIP SANFORD, FL 32773

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:

*Phyllis D. Wallace* Phyllis D. Wallace

2/1/06

407-323-0694