

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2008 8:00 am
Secretary of State

06-23-2008 90001 035 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06182008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2698937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**Filing Fee is \$61.25
Due by September 12, 2008**

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 LYONS, ANN
STREET ADDRESS 13551 DEVENSHIRE CT.
CITY-ST-ZIP GRAND ISLAND, 32 32735

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME ANTHONY, DOROTHY
STREET ADDRESS 1718 PINE RIDGE RD.
CITY-ST-ZIP SANFORD, FL 32773

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CS ☒ Delete
NAME JONES, JUDY
STREET ADDRESS 7221 LK DR
CITY-ST-ZIP SANFORD, FL 32771

TITLE ☒ Change ☐ Addition
NAME **CS**
STREET ADDRESS **PEGAN, DIANE**
CITY-ST-ZIP **1246 GLENCREST DRIVE**
HEATHROW, FL 32746

TITLE PE ☒ Delete
NAME CANFIELD, LYNDA
STREET ADDRESS 129 RABUNCT
CITY-ST-ZIP SANFORD, FL 32773

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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**

6/18/08

407-323-0694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #