

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 757302

FILED  
Oct 12, 2009  
Secretary of State

**Entity Name:** CENTRAL FLORIDA REGIONAL HOSPITAL AUXILIARY INC.

**Current Principal Place of Business:**

1401 W SEMINOLE BLVD  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

1401 W SEMINOLE BLVD  
SANFORD, FL 32771

**New Mailing Address:**

**FEI Number:** 59-2698937      **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:**

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

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: LYONS, ANN  
Address: 13551 DEVENSHIRE CT.  
City-St-Zip: GRAND ISLAND, 32 32735

Title: VD      ( ) Delete  
Name: ANTHONY, DOROTHY  
Address: 1718 PINE RIDGE RD.  
City-St-Zip: SANFORD, FL 32773

Title: TD      ( ) Delete  
Name: WALLACE, PHYLLIS D  
Address: 2414 PALMETTO AVE  
City-St-Zip: SANFORD, FL 32771

Title: SD      ( ) Delete  
Name: TITTLE, LINDA  
Address: 113 MEADOW BLVD  
City-St-Zip: SANFORD, FL 32771

Title: PE      ( ) Delete  
Name: JONES, JUDY  
Address: 7221 LK DR  
City-St-Zip: SANFORD, FL 32771

Title: CS      ( ) Delete  
Name: PEGAN, DIANE  
Address: 1246 GLENCREST DR  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      (X) Change ( ) Addition  
Name: JONES, JUDY  
Address: 7221 LAKE DRIVE  
City-St-Zip: SANFORD, FL 32771

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

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

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

Title: PE      (X) Change ( ) Addition  
Name: RIDGEWAY, SUSIE  
Address: 4308 MESSINA DRIVE  
City-St-Zip: LAKE MARY, FL 32746

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: PHYLLIS WALLACE

TD

10/12/2009

Electronic Signature of Signing Officer or Director

Date