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FILED

May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mott
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01293 (2)

1. Corporation Name

HEART OF FLORIDA HOSPITAL AUXILIARY, INC.



Principal Place of Business

Mailing Address

10TH STREET & NORMA AVENUE
10 & NORMA ST.
HAINES CITY FL 33844
USHEART OF FLA. HOSPITAL
POST OFFICE BOX 1107
HAINES CITY FL 33845-1107
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/08/1984

3a. Date of Last Report

02/07/1996

4. FEI Number

59-2373159

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ NoSTOKES, JEANNETTE
1012 LEONE DRIVE
HAINES CITY FL 33844

81 Name

Alice M. Kul

82 Street Address (P.O. Box Number is Not Acceptable)

1033 Laurel Hills Ct.

83

Haines City

84 City

FL

85 Zip Code

33844

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Alice M. Kul*

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

(NOTE: Registered Agent signature required when reinstating)

4/8/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	STOKES, JEANNETTE	1012 LEONE DRIVE	HAINES CITY FL	<input checked="" type="checkbox"/>
VD	WINEMAN, LORRAINE	112 MOUSE MOUNTAIN DRIVE	DAVENPORT FL	<input checked="" type="checkbox"/>
SD	BAOUST, PAMELA	3000 HWY 17-92 WEST 238	HAINES CITY FL	<input checked="" type="checkbox"/>
TD	YOUNG, ALICE	1015 LAUREL HILLS COURT	HAINES CITY FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
<input checked="" type="checkbox"/>	Alice Kirk	1033 Laurel Hills Ct.	Haines City, FL 33844	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
<input checked="" type="checkbox"/>	LORRAINE WINEMAN	112 Mouse Mountain Drive	DAVENPORT FL 33837	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
<input checked="" type="checkbox"/>	MARY DAVIS	2389 Pallette Dr.	Haines City, FL 33844	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
<input checked="" type="checkbox"/>	Shirley Good	158 Palisades Dr.	DAVENPORT, FL 33837	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
<input type="checkbox"/>	Dorothy Burgess	P.O. Box 3001	Haines City FL 33845	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
<input type="checkbox"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Alice M. Kul

4/8/97

(407) 421-9479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0003744

CR2E037 (9/96)