

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N01293 (2)
1. Corporation Name
HEART OF FLORIDA HOSPITAL AUXILIARY, INC.

Principal Place of Business 10TH STREET & NORMA AVENUE 10 & NORMA ST. HAINES CITY FL 33844 US	Mailing Address HEART OF FLA. HOSPITAL POST OFFICE BOX 1107 HAINES CITY FL 33845-1107 US
---	--

2. Principal Place of Business HEART OF FLORIDA REGIONAL MEDICAL CENTER	2a. Mailing Address HEART OF FLA. HOSPITAL POST OFFICE BOX 1107 HAINES CITY FL 33845-1107 US
21. Suite, Apt. #, etc. 1615 US HWY 27 N	27. Suite, Apt. #, etc. 1615 US HWY 27 N
22. City & State DAVENPORT, FL	28. City & State DAVENPORT, FL
23. Zip 33843	29. Zip 33843
24. Country U S	30. Country U S

3. Date Incorporated or Qualified 02/08/1984	4. FEI Number 59-2373159	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent
**KIRK, ALICE
1033 LAUREL HILLS CT.
HAINES CITY FL 33844**

10. Name and Address of New Registered Agent
81. Name
MARY DAVIS
82. Street Address (P.O. Box Number is Not Acceptable)
2358 PAULETTE DRIVE
83. City
HAINES CITY, FL
84. City
HAINES 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 *Mary Davis* **JANUARY 27, 1998**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME KIRK, ALICE	1.1 TITLE D	1.2 NAME DAVIS, MARY
STREET ADDRESS 1033 LAUREL HILLS CT.	CITY-ST-ZIP HAINES CITY FL 33844	1.3 STREET ADDRESS 2358 PAULETTE DRIVE	1.4 CITY-ST-ZIP HAINES CITY, FL 33844
TITLE VPD	NAME WINEMAN, LORRAINE	2.1 TITLE D	2.2 NAME WILLIAM DOHERTY
STREET ADDRESS 112 MOUSE MOUNTAIN DRIVE	CITY-ST-ZIP DAVENPORT FL	2.3 STREET ADDRESS 103 BAYWOOD	2.4 CITY-ST-ZIP DUNDEE, FL 33838
TITLE PED	NAME DAVIS, MARY	3.1 TITLE D	3.2 NAME WINEMAN, LORRAINE
STREET ADDRESS 2358 PAULETTE DR.	CITY-ST-ZIP HAINES CITY FL	3.3 STREET ADDRESS 1100 PENINSULAR DRIVE	3.4 CITY-ST-ZIP HAINES CITY, FL 33844
TITLE T	NAME GOOD, SHIRLEY	4.1 TITLE T	4.2 NAME GOOD, SHIRLEY
STREET ADDRESS 158 PALISADES DR.	CITY-ST-ZIP DAVENPORT FL 33837	4.3 STREET ADDRESS 158 PALISADES DRIVE	4.4 CITY-ST-ZIP DAVENPORT, FL 33837
TITLE S	NAME BURGESS, DOROTHY	5.1 TITLE S	5.2 NAME CARSON, ANN
STREET ADDRESS P.O. BOX 3011	CITY-ST-ZIP HAINES CITY FL 33845	5.3 STREET ADDRESS 12000 HWY 27 N, #22	5.4 CITY-ST-ZIP DAVENPORT, FL 33844
TITLE 	NAME 	6.1 TITLE 	6.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	6.3 STREET ADDRESS 	6.4 CITY-ST-ZIP

14. I 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: *Mary Davis* **MARY DAVIS** **JANUARY 27, 1998**

CF2E037 (10/97)