

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90013 018 ****66.25

DOCUMENT # N01293

1. Corporation Name

HEART OF FLORIDA HOSPITAL AUXILIARY, INC.

Principal Place of Business

HEART OF FLORIDA REGIONAL MEDICAL CENTER
1615 US HWY 27 N
DAVENPORT FL 33843
US

Mailing Address

HEART OF FLA. HOSPITAL
POST OFFICE BOX 1107
HAINES CITY FL 33845-1107
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/08/1984

4. FEI Number

59-2373159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☒

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DAVIS, MARY
2358 PAULETTE DR
HAINES CITY FL 33844

10. Name and Address of New Registered Agent

81 Name **WINEMAN, LORRAINE**
82 Street Address (P.O. Box Number is Not Acceptable)
1100 PENINSULAR DRIVE
83
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 *Lorraine G. Wineman* **LORRAINE G. WINEMAN**

3/24/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME DAVIS, MARY
STREET ADDRESS 2358 PAULETTE DRIVE
CITY-ST-ZIP HAINES CITY FL 33844

TITLE VPD ☐ DELETE
NAME DOHERTY, WILLIAM
STREET ADDRESS 103 BAYWOOD
CITY-ST-ZIP DUNDEE FL 33838

TITLE DPE ☒ DELETE
NAME WINEMAN, LORRAINE
STREET ADDRESS 1100 PENINSULAR DRIVE
CITY-ST-ZIP HAINES CITY FL 33844

TITLE T ☐ DELETE
NAME GOOD, SHIRLEY
STREET ADDRESS 158 PALISADES DR
CITY-ST-ZIP DAVENPORT FL 33837

TITLE S ☒ DELETE
NAME CARSON, ANN
STREET ADDRESS 12000 HWY 27 N SUITE 22
CITY-ST-ZIP DAVENPORT FL 33845

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **WINEMAN, LORRAINE**
1.3 STREET ADDRESS **1100 PENINSULAR DRIVE**
1.4 CITY-ST-ZIP **HAINES CITY, FL 33844**

2.1 TITLE **PRESIDENT ELECT** ☒ Change ☐ Addition
2.2 NAME **SEE 12**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **VICE PRESIDENT** ☒ Change ☒ Addition
3.2 NAME **PETROFF URSULA**
3.3 STREET ADDRESS **12000 HWY. 27 N, # 231**
3.4 CITY-ST-ZIP **DAVENPORT, FL 33837**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **RECORDING SECRETARY** ☒ Change ☒ Addition
5.2 NAME **WRIGHT, DORIS**
5.3 STREET ADDRESS **118 ARROWHEAD LANE**
5.4 CITY-ST-ZIP **HAINES CITY, FL 33844**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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, with all other like empowered.

SIGNATURE: *Lorraine G. Wineman* **LORRAINE G. WINEMAN** 3/24/99 941-419-1298

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)

0057893