

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90122 042 ****61.25

DOCUMENT # N01293

1. Entity Name

**HEART OF FLORIDA REGIONAL MEDICAL CENTER
AUXILIARY INC.**



Principal Place of Business
**40100 US HIGHWAY 27
DAVENPORT FL 33837
US**

Mailing Address
**P.O. BOX 35
HAINES CITY FL 33845-0035
US**



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2373159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHISLER, CLOE
911 HILL DR
HAINES CITY FL 33844**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WHISLER, CHLOE	
STREET ADDRESS	911 HILL DR	
CITY - ST - ZIP	HAINES CITY FL 33844	
TITLE	PE	<input checked="" type="checkbox"/> Delete
NAME	GALLOWAY, JUANITA	
STREET ADDRESS	261 SIR PHILLIP DR	
CITY - ST - ZIP	DAVENPORT FL 33837	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHECK, PHYLLIS	
STREET ADDRESS	2332 PAULETTE DR	
CITY - ST - ZIP	HAINES CITY FL 33844	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OREND, DOTTIE	
STREET ADDRESS	234 TRADEWIN CT	
CITY - ST - ZIP	WINTER HAVEN FL 33881	
TITLE	PE PE	<input checked="" type="checkbox"/> Delete
NAME	YEAGER, WANDA	
STREET ADDRESS	304 ST GEORGE DR	
CITY - ST - ZIP	DAVENPORT FL 33837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS C. MACRO	
STREET ADDRESS	615 CUNNINGHAM DR	
CITY - ST - ZIP	DAVENPORT, FL 33837	
TITLE	PRESIDENT ELECT PE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAND YAEGER	(TITLE)
STREET ADDRESS	304 ST GEORGE ST.	
CITY - ST - ZIP	DAVENPORT FL 33837	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRENE LEMKE	
STREET ADDRESS	102 GOLF CREST LANE	
CITY - ST - ZIP	DAVENPORT FL 33837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA TAYLOR	
STREET ADDRESS	2328 PAULETTE DRIVE	
CITY - ST - ZIP	HAINES CITY, FL 33844	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Schreck* PHYLLIS SCHECK VP
Dennis C. Macro DENNIS C. MACRO 1-31-07 863/422-4271