

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Not-For-Profit  
CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

ANNUAL REPORT (AR)

DOCUMENT # NO1293

1. Corporation Name

Heart of Florida Regional Medical Center Auxiliary

2. Principal Office Address - No P.O. Box #

40100 Hwy 27

Suite, Apt. #, etc.

City & State

Davenport, Florida

Zip

33837

Country

Polk

3. Mailing Office Address

P.O.Box 35

Suite, Apt. #, etc.

City & State

Haines City, Florida

Zip

33845-0035

Country

Polk

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-2373159

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HARRY MAZELIN

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

1101 W Commerce Lot 116

Suite, Apt. #, Etc.

City

Haines City

State

FL

Zip Code

33844

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Harry Mazelin

REGISTERED AGENT MUST SIGN

Date 4/11/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Harry Mazelin	1101 W Commerce Lot 116	Haines City, FL 33844
Pres Elect	Bob Cumiskey	66 Butler Boulevard	Haines City, FL 33844
V. Pres	Judith Mettinger	235 Lomadel Sol Drive	Davenport, FL 33896
Treas.	Barbara Maki	4465 Turnberry Lane	Lake Wales, FL 33859
Rec. Sec.	Barbara Taylor	2328 Paulette Drive	Haines City, FL 33844

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Harry Mazelin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/09 863-422-4271

Date

Daytime Phone #

FILED

09 APR 20 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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