


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90026 025 ****61.25

| | | | | | |
|--|--|---|--|--|--|
| DOCUMENT # N06000001100 1. Entity Name DESOTO MEMORIAL HOSPITAL AUXILIARY, INC. | | | |  | |
| Principal Place of Business 900 NORTH ROBERT AVE ARCADIA, FL 34266 | | | Mailing Address 900 NORTH ROBERT AVE ARCADIA, FL 34266 | | |
| 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 | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| VINCENT A. SICA, P.A. 10 SOUTH DESOTA AVE STE 101 ARCADIA, FL 34266 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee Is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE 1ST VICE PRESIDENT | <input checked="" type="checkbox"/> Delete | | TITLE 1ST VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME TWIGHLA RUSSELL | | | NAME EDNA WHITE | | |
| STREET ADDRESS 160 OAK LANE | | | STREET ADDRESS 2692 NE HWY 70 #670 | | |
| CITY-ST-ZIP Zolfo SPRINGS, FL 33890 | | | CITY-ST-ZIP ARCADIA FL 34266 | | |
| TITLE SECRETARY | <input checked="" type="checkbox"/> Delete | | TITLE SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME DOROTHY MILLER | | | NAME HELEN OVASKA | | |
| STREET ADDRESS 5905 NE CUBITIS AVE #176 | | | STREET ADDRESS 2692 NE HWY 70 #24 | | |
| CITY-ST-ZIP ARCADIA, FL 34266 | | | CITY-ST-ZIP ARCADIA, FL 34266 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Kathleen Bradt</u> KATHLEEN BRADT | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date <u>3/12/07</u> Daytime Phone # <u>8134940454</u> | |

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03082007 Chg-NP CR2E037 (12/06)

4. FEI Number **20-8362266** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**