


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90139 006 ****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
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-8362266	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VINCENT A. SICA, P.A. 10 SOUTH DESOTA AVE STE 101 ARCADIA, FL 34266

**-DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITE, EDNA 2892 NE HWY 70 #670 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 PRESIDENT ELECT OVASKA, HELEN 2692 NE HWY 70 #24 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JUDIE DUFF 2692 NE HWY 70 #44 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (ACTING UNTIL 10-1-08) PAT POSEY 7799 GOLF BLVD ZOLFO SPRINGS, FL 33890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER JANET DUNDERMAN 2692 NE HWY 70 #474 ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORRESPONDING SECRETARY ANGIE RADCLIFFE 2692 NE HWY 70 #513 ARCADIA, FL 34266

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IN THIS SPACE**

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: Janet Dunderman JANET DUNDERMAN 4-5-08 863-494-2082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #