

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001100

FILED
Jan 17, 2012
Secretary of State

Entity Name: DESOTO MEMORIAL HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

900 NORTH ROBERT AVE
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

900 NORTH ROBERT AVE
ARCADIA, FL 34266

New Mailing Address:

FEI Number: 20-8362266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINCENT A. SICA, P.A.
900 N ROBERT AVE
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FITZGERALD, NANCY
Address: 4810 NW HWY 72 #113
City-St-Zip: ARCADIA, FL 34266

Title: VP
Name: WINSTON, RICHARD
Address: 103 GATES AVE.
City-St-Zip: LAKE PLACID, FL 33852

Title: S
Name: POWERS, JANE
Address: 1077 NW EUCALYPTUS AVE
City-St-Zip: ARCADIA, FL 34266

Title: T
Name: DUNDERMAN, JANET
Address: 2692 NE HWY 70 #476
City-St-Zip: ARCADIA, FL 34266

Title: CS
Name: HARTSEL, DOROTHY
Address: 6837 NE CUBITIS AVE #293
City-St-Zip: ARCADIA, FL 34266

Title: AS
Name: FARWELL, HAZEL
Address: 364 FISH BRANCH RD
City-St-Zip: ZOLFO SPRINGS, FL 33890

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JANET DUNDERMAN

T

01/17/2012

Electronic Signature of Signing Officer or Director

Date