# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 18, 2007**
**Secretary of State**

DOCUMENT# N06593

**Entity Name:** THE VOLUNTEER AUXILIARY OF FLORIDA HOSPITAL - FLAGLER, INC.

**Current Principal Place of Business:**

FL. HOSP FLAGLER
60 MEMORIAL MEDICAL PKWY
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

FL. HOSP. FLAGLER
P.O. BOX 1814
BUNNELL, FL 32110

**New Mailing Address:**

**FEI Number: 59-2486582** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENYON, CARL
15 PORT ROYAL DR
PALM COAST, FL 32164 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: | PD | ( ) Delete |
| Name: | CLARK, DEBBIE | |
| Address: | 4 CHINOOK COURT | |
| City-St-Zip: | PALM COAST, FL 32137 | |
| Title: | VD | ( ) Delete |
| Name: | KIST, KEVIN | |
| Address: | 3791 CARRICK DRIVE | |
| City-St-Zip: | ORMOND BEACH, FL 32174 | |
| Title: | VD | ( ) Delete |
| Name: | MERCER, PATRICIA | |
| Address: | 3912 TANO DRIVE | |
| City-St-Zip: | ORMOND BEACH, FL 32174 | |
| Title: | TD | ( ) Delete |
| Name: | HILGEMAN, MARILYN | |
| Address: | 3117 KAILANI COURT | |
| City-St-Zip: | ORMOND BEACH, FL 32174 | |
| Title: | AS | ( ) Delete |
| Name: | BLOW, JOAN | |
| Address: | 36 FLAMINGO DRIVE | |
| City-St-Zip: | PALM COAST, FL 32137 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBBIE CLARK PD 04/18/2007

Electronic Signature of Signing Officer or Director — Date