

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06593

FILED  
Mar 18, 2008  
Secretary of State

**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:**

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

**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:**

MCKENNA, CHRIS  
60 MEMORIAL MEDICAL PKWY  
PALM COAST, FL 32164 US

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: CHRIS MCKENNA

03/18/2008

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: PD (X) Change ( ) Addition  
Name: MCKENNA, KATHLEEN  
Address: 15 FLAMINGO CT.  
City-St-Zip: PALM COAST, FL 32137

Title: VD (X) Change ( ) Addition  
Name: CHRIS, MCKENNA  
Address: 15 FLAMINGO CT.  
City-St-Zip: PALM COAST, FL 32137

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

Title: TD (X) Change ( ) Addition  
Name: LENIO, MIMI  
Address: 41 SHELTER COVE CIR.  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: AS (X) Change ( ) Addition  
Name: MCCARTHY, FLO  
Address: 15 WOODHAVEN DR.  
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA A. MERCER

VD

03/18/2008

Electronic Signature of Signing Officer or Director

Date