2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2009
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
60 MEMORIAL MEDICAL PKWY
PALM COAST, FL 32164

New Mailing Address:

FEI Number: 59-2486582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCKENNA, CHRIS
60 MEMORIAL MEDICAL PKWY
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:	MCKENNA, KATHLEEN	
Address:	15 FLAMINGO CT.	
City-St-Zip:	PALM COAST, FL 32137	
Title:	VD	( ) Delete
Name:	CHRIS, MCKENNA	
Address:	15 FLAMINGO CT.	
City-St-Zip:	PALM COAST, FL 32137	
Title:	VD	( ) Delete
Name:	MERCER, PATRICIA	
Address:	3912 TANO DRIVE	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	TD	( ) Delete
Name:	LENIO, MIMI	
Address:	41 SHELTER COVE CIR.	
City-St-Zip:	FLAGLER BEACH, FL 32136	
Title:	AS	( ) Delete
Name:	MCCARTHY, FLO	
Address:	15 WOODHAVEN DR.	
City-St-Zip:	PALM COAST, FL 32164	

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 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 06/26/2009

Electronic Signature of Signing Officer or Director — Date