

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06593

FILED
Jun 13, 2011
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
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 ()

Name and Address of Current Registered Agent:

KITTY, VAN HORN
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
Name: MERCER, PATRICIA A
Address: 3912 TANO DR.
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD
Name: KITTY, VAN HORN
Address: 7 SENTRY OAK PLACE
City-St-Zip: PALM COAST, FL 32137

Title: VD
Name: PAULA, TURNQUIST
Address: 28 WESTMINSTER DR.
City-St-Zip: PALM COAST, FL 32164

Title: TD
Name: LENIO, MIMI
Address: 41 SHELTER COVE CIRCLE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: AS
Name: KAINU, JEANNETTE
Address: 44 ELLSWORTH DR.
City-St-Zip: PALM COAST, FL 32164

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: PATRICIA MERCER

PD

06/13/2011

Electronic Signature of Signing Officer or Director

Date