

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005979

FILED
Jun 24, 2009
Secretary of State

Entity Name: VOLUNTEER AUXILIARY, INC. OF PLANTATION GENERAL HOSPITAL

Current Principal Place of Business:

401 N.W. 42ND AVENUE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

401 N.W. 42ND AVENUE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-0632480 **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:

RUSH, EILEEN M
401 N.W. 42ND AVENUE
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

CREP, MARLENE
401 N.W. 42ND AVENUE
PLANTATION, FL 33317 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: MARLENE CREP

06/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CRISPINO, JEAN
Address: 500 S.W. 169TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33326

Title: VP () Delete
Name: APOLLONY, HOPE
Address: 8624 NW 12TH STREET
City-St-Zip: PLANTATION, FL 33322

Title: S () Delete
Name: SIMMONS, BARBARA
Address: 401 NW 42ND AVE
City-St-Zip: PLANTATION, FL 33317

Title: T () Delete
Name: HUGHES, DAVID
Address: 401 NW 42ND AVE
City-St-Zip: PLANTATION, FL 33317

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:

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: JEAN CRISPINO

PRES

06/24/2009

Electronic Signature of Signing Officer or Director

Date