2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700259

Entity Name: WINTER HAVEN HOSPITAL AUXILIARY INC

FILED Apr 24, 2015 Secretary of State CC4798553526

Current Principal Place of Business:

200 AVENUE F. N.E.

WINTER HAVEN, FL 33881

Current Mailing Address:

200 AVENUE F, N.E.

WINTER HAVEN, FL 33881

FEI Number: 23-7190109 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NIERMAN, STEPHEN 2600 SE PAMELA DRIVE WINTERHAVEN, FL 33884 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: STEPHEN NIERMAN 04/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title SECOND VICE PRESIDENT

KAUFFMAN, ANNA Name Name HARTT, SHEILA P.O. BOX 136 Address P.O. BOX 2668 Address

City-State-Zip: WINTER HAVEN FL 33883 DUNDEE FL 33838 City-State-Zip:

Title **TREASURER** Title FIRST VICE PRESIDENT Name GREEN, MARION STANGRY, CHARLOTTE Name

Address 505 LAKE MARIAM TERRACE Address P.O. BOX1686

WINTER HAVEN FL 33884 City-State-Zip: HAINES CITY FL 33845 City-State-Zip:

RECORDING SECRETARY Title CORRESPONDING SECRETARY Title

Name DINUNZIO, SHELLY Name BULLOCK, JANICE

Address P.O. BOX 1446 123 4TH JPV STREET Address

City-State-Zip: WINTER HAVEN FL 33882 WINTER HAVEN FL 33880 City-State-Zip:

Title IMMIEDIATE PAST Title HISTORIAN

PRESIDENT/ADVISOR/PARLIMENTARI GIBSON, JOHN Name

Name JOHNSTON, JOAN 17 BRIDGEWATER DRIVE Address

4091 ASHTON CLUB ROAD Address WINTER HAVEN FL 33884 City-State-Zip:

> City-State-Zip: WINTER HAVEN FL 33859

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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: KATHRYN THRELKEL

DIRECTOR VOLUNTEER **SERVICES**

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

VOLUNTEER SERVICES Title DIRECTOR VOLUNTEER SERVICES Title

COORDINATOR THRELKEL, KATHRYN

Name KNEPP, PATRICIA Name WINTER HAVEN HOSPITAL Address

200 AVENUE F, NE Address WINTER HAVEN HOSPITAL

200 AVENUE F, NE City-State-Zip: WINTER HAVEN FL 33881

City-State-Zip: WINTER HAVEN FL 33881