2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700259

Entity Name: WINTER HAVEN HOSPITAL AUXILIARY INC

FILED
Mar 24, 2025
Secretary of State
2547686409CC

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:

GARTHWAITE, TOM 200 AVE F, NE

WINTER HAVEN, FL 33881 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: TOM GARTHWAITE 03/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

TitlePRESIDENTTitleVICE PRESIDENTNameKAUFFMAN, ANNANameORIANI, ARLETTAAddressP.O. BOX 136Address2013 LEISURE DR

City-State-Zip: DUNDEE FL 33838 City-State-Zip: WINTER HAVEN FL 33881

Title TREASURER Title CORRESPONDING SECRETARY

Name SCHAPER, NANCY Name COSS, NANCY

Address 82 ST. KITT'S CIRCLE Address 1012 INMAN TERRACE

City-State-Zip: WINTER HAVEN FL 33884 City-State-Zip: WINTER HAVEN FL 33881

Title RECORDING SECRETARY Title MANAGER VOLUNTEER SERVICES

City-State-Zip:

WINTER HAVEN FL 33881

Name HILL, KATHLEEN Name THRELKEL, KATHRYN

Address 548 HEATHER GLENN DR Address WINTER HAVEN HOSPITAL

200 AVENUE F, NE
City-State-Zip: WINTER HAVEN FL 33884

Title HISTORIAN

Name TORRES, WENDY

Address 3394 RALEIGH DRIVE

City-State-Zip: WINTER HAVEN FL 33884

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 MANAGER VOLUNTEER 03/24/2025 SERVICES

Electronic Signature of Signing Officer/Director Detail

Date