

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 753853

Entity Name: HELEN ELLIS MEMORIAL HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

1395 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689

Current Mailing Address:

1395 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

FEI Number: 59-2106043

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAMERON-BARE, PAMELA
1395 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689 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: PAMELA DAMERON-BARE

08/08/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title 2ND VICE PRESIDENT
Name CAMPANA, ANITA
Address 1010 LAKE AVOCA CT
City-State-Zip: TARPON SPRINGS FL 34689

Title CORRESPONDING SECRETARY
Name MILHEISER, ANN
Address 3504 TEALWOOD CIRCLE
City-State-Zip: PALM HARBOR FL 34685

Title PRESIDENT
Name BARE, WILLIAM
Address 231 DIXIE LANE
City-State-Zip: TARPON SPRINGS FL 34689

Title TREASURER
Name CHIMENTO, BRUCE
Address 1677 LONESOME PINE LANE
City-State-Zip: TARPON SPRINGS FL 34689

Title 1ST VICE PRESIDENT
Name CHENDORAIN, MARIE
Address 1112 N. FLORIDA AVE
City-State-Zip: TARPON SPRINGS FL 34689

Title PARLIAMENTARIAN
Name RODRIGUEZ, RUBEN
Address 494 WATERFORD CIRCLE
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name DECK, ROBERTA
Address 39650 US HWY 19 NO #211
City-State-Zip: TARPON SPRINGS FL 34689

Title RECORDING SECRETARY
Name KENDALL, SHIRLEY
Address 300 SOUTH FLORIDA AVENUE #200L
City-State-Zip: TARPON SPRINGS FL 34689

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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: ANN MILHEISER

**CORRESPONDING
SECRETARY**

08/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GARVEY, BONNIE
Address 3207 GREEN DOLPHIN STREET
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name LESTER, JOYCE
Address 39820 US HWY 19 N
#192
City-State-Zip: TARPON SPRINGS FL 34689

Title ASST. TREASURER
Name CASSELLA, LINDA
Address 1947 GOLFOVIEW DR
City-State-Zip: TARPON SPRINGS FL 34689

Title DIRECTOR
Name SAMUELSON, LORRAINE
Address 613 TIMBER LANE
City-State-Zip: TARPON SPRINGS FL 34689