

2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 753853

FILED
Aug 07, 2024
Secretary of State
1255569991CR

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
ADVENTHEALTH NORTH PINELLAS AUXILIARY
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

08/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	2ND VICE PRESIDENT	Title	CORRESPONDING SECRETARY
Name	CAMPANA, ANITA	Name	MILHEISER, ANN
Address	1010 LAKE AVOCA CT	Address	3504 TEALWOOD CIRCLE
City-State-Zip:	TARPON SPRINGS FL 34689	City-State-Zip:	PALM HARBOR FL 34685
Title	PRESIDENT	Title	TREASURER
Name	BARE, WILLIAM	Name	CHIMENTO, BRUCE
Address	231 DIXIE LANE	Address	1677 LONESOME PINE LANE
City-State-Zip:	TARPON SPRINGS FL 34689	City-State-Zip:	TARPON SPRINGS FL 34689
Title	1ST VICE PRESIDENT	Title	PARLIAMENTARIAN
Name	CHENDORAIN, MARIE	Name	RODRIGUEZ, RUBEN
Address	1112 N. FLORIDA AVE	Address	494 WATERFORD CIRCLE
City-State-Zip:	TARPON SPRINGS FL 34689	City-State-Zip:	TARPON SPRINGS FL 34689
Title	DIRECTOR	Title	RECORDING SECRETARY
Name	DECK, ROBERTA	Name	KENDALL, SHIRLEY
Address	39650 US HWY 19 NO #211	Address	300 SOUTH FLORIDA AVENUE #200L
City-State-Zip:	TARPON SPRINGS FL 34689	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

REGISTERED AGENT

08/07/2024

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