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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703865

1. Corporation Name

JAMES E. HOLMES REGIONAL MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business	Mailing Address
1350 South Hickory Street Melbourne, FL 32901-3276	8249 Devereux Drive Melbourne, FL 32940-7955

3. Date Incorporated or Qualified: April 10, 1962

4. FEI Number: 59-1889057 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

David E. Mathias
8249 Devereux Drive
Melbourne, FL 32940-7955

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0303, Florida Statutes.

SIGNATURE David E Mathias 3/26/98
Signature of registered agent confirming acceptance of appointment (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Carolyn L. Mast		1.2 NAME		
STREET ADDRESS	1350 South Hickory Street		1.3 STREET ADDRESS		
CITY-ST-ZIP	Melbourne, FL 32901-3276		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Martha Wright		2.2 NAME		
STREET ADDRESS	1350 South Hickory Street		2.3 STREET ADDRESS		
CITY-ST-ZIP	Melbourne, FL 32901-3276		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Nancy Brainard		3.2 NAME		
STREET ADDRESS	1350 South Hickory Street		3.3 STREET ADDRESS		
CITY-ST-ZIP	Melbourne, FL 32901-1376		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Carolyn Carothers		4.2 NAME		
STREET ADDRESS	1350 South Hickory Street		4.3 STREET ADDRESS		
CITY-ST-ZIP	Melbourne, FL 32901-3276		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Pearl Delzio		5.2 NAME		
STREET ADDRESS	1350 South Hickory Street		5.3 STREET ADDRESS		
CITY-ST-ZIP	Melbourne, FL 32901-1376		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carolyn L. Mast **President** 3/24/98 [407] 722-8519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone Number

CR2E037 (10/97)