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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **721162** (6)

1. Corporation Name

MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.

Principal Place of Business

Mailing Address

1 HOSPITAL DRIVE
P.O. BOX 9010
STUART FL 34985-9010
US

P.O. BOX 9010
P.O. BOX 9010
STUART FL 34985-9010
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/15/1971	3a. Date of Last Report 05/01/1994
4. FEI Number 23-7115443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**FORTH, C. W.
100 HOSPITAL AVENUE
STUART FL 34985**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDD, VIRGINIA	1.2 NAME	
STREET ADDRESS	1977 SW PALM CITY RD APT J	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, CONSTANCE	2.2 NAME	
STREET ADDRESS	4185 SE ST LUCIE BLVD	2.3 STREET ADDRESS	ALLEN, PATRICIA
CITY-ST-ZIP	STUART FL 34997	2.4 CITY-ST-ZIP	1103 SE McFARLANE AVE
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTH, CHARLES	3.2 NAME	
STREET ADDRESS	1128 SW CATALINA AVE.	3.3 STREET ADDRESS	PORT ST LUCIE FL 33452
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOON, MARGARET	4.2 NAME	
STREET ADDRESS	3490 SE MARTINEQUE TRACE 202	4.3 STREET ADDRESS	ZABLOOKI, RITA
CITY-ST-ZIP	STUART FL 34997	4.4 CITY-ST-ZIP	395 SE CARDINAL TRAIL
TITLE	VP	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, PATRICIA	5.2 NAME	
STREET ADDRESS	1103 SE McFARLANE AVE	5.3 STREET ADDRESS	SUNDHEIM, MARGARET
CITY-ST-ZIP	PORT ST LUCIE FL 33452	5.4 CITY-ST-ZIP	3400 SW MARTINEQUE TRACE
TITLE	SD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, MARY LOU	6.2 NAME	
STREET ADDRESS	1458 NE OCEAN BLVD., 1-102	6.3 STREET ADDRESS	STEVENSON, JOANNA
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	2089 SE MAYFLOWER DR
			PALM CITY FL 34990

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE: Charles W. FORTH **CHARLES W. FORTH** April 17, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #