

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 721162 (6)
1. Corporation Name

MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.



800001829068
-05/20/96--01040--006

Principal Place of Business Mailing Address
1 HOSPITAL DRIVE P.O. BOX 9010
P.O. BOX 9010 P.O. BOX 9010
STUART FL 34995-9010 STUART FL 34995-9010
US US

3. Date of Incorporation or Qualified 06/15/1971
3a. Date of Last Report 04/20/1995
4. FEI Number 23-7115443
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
FORTH, C. W.
100 HOSPITAL AVENUE
STUART FL 34995

10. Name and Address of New Registered Agent
81 Name DRYDEN, ELWOOD
82 Street Address (P.O. Box Number is Not Acceptable) 100 HOSPITAL AVENUE
83
84 City STUART FL 85 Zip Code 34995

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 617.0503, Florida Statutes.
SIGNATURE *Elwood R. Dryden* ELWOOD R. DRYDEN TREAS. 5/5/96
NOTE: Registered Agent signature required when re-registering DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUDD, VIRGINIA	✓
STREET ADDRESS	1977 SW PALM CITY RD APT J	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALLEN, PATRICIA	✓
STREET ADDRESS	1103 SE MCFARLANE AVENUE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FORTH, CHARLES	✓
STREET ADDRESS	1128 SW CATALINA AVE.	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ZABLOCKI, RITA	✓
STREET ADDRESS	395 SE CARDINAL TRAIL	
CITY-ST-ZIP	STUART FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SUNDHEIM, MARGARET	✓
STREET ADDRESS	3400 SW MARTINIQUE TRACE	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STEVENSON, JOANNA	✓
STREET ADDRESS	2089 SE MAYFLOWER DR	
CITY-ST-ZIP	PALM CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALLEN, PATRICIA	
1.3 STREET ADDRESS	1103 SE MCFARLAND AVE	
1.4 CITY-ST-ZIP	PORT ST LUCIE 33452	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ZABLOCKI, RITA	
2.3 STREET ADDRESS	395 SE CARDINAL TRAIL	
2.4 CITY-ST-ZIP	STUART FL 34997	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DRYDEN, ELWOOD	
3.3 STREET ADDRESS	3251 SE FAIRWAY WEST	
3.4 CITY-ST-ZIP	STUART FL 34997	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HUBBARD, ROBERT	
4.3 STREET ADDRESS	1024 RIVERSIDE DRIVE	
4.4 CITY-ST-ZIP	STUART FL 34996	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LUCAS, IRENE	
5.3 STREET ADDRESS	8282 BITTERBUSH LANE	
5.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952	
6.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DUNN, MARJORIE	
6.3 STREET ADDRESS	29 NORTH RIVER ROAD	
6.4 CITY-ST-ZIP	STUART FL 34997	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Elwood R. Dryden (ELWOOD R. DRYDEN)* 4/3/96 288-3963
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)