


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 34995-9010 US		P.O. BOX 9010 P.O. BOX 9010 STUART FL 34995-9010 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc. <i>SAME</i>	27	Suite, Apt. #, etc. <i>SAME</i>
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

3. Date Incorporated or Qualified  
**06/15/1971**

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**

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

9. Name and Address of Current Registered Agent

**DRYDEN, ELWOOD**  
**100 HOSPITAL AVENUE**  
**STUART FL 34995**

10. Name and Address of New Registered Agent

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

I, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZABLOECK, RITA	1.2 NAME	Mrs. Lynn Siegel <i>PRES. D</i>
STREET ADDRESS	345 SE CARDINAL TRAIL	1.3 STREET ADDRESS	1352 SW Sea Hawk Way
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD, ROBERT	2.2 NAME	Mrs. Irene Lucas <i>1st V.P. D</i>
STREET ADDRESS	1024 RIVERSIDE DR	2.3 STREET ADDRESS	8212 Bitterbush Lane
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Port St. Lucie, FL 34952
TITLE	VPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, MIM	3.2 NAME	Mr. Dominick Cullire <i>2nd V.P. D</i>
STREET ADDRESS	162 SE ST LUCIE BLVD B304	3.3 STREET ADDRESS	1692 SW Monarch Club Dr.
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCAS, IRENE	4.2 NAME	Mrs. Marie LoMonaco <i>3rd V.P. D</i>
STREET ADDRESS	8282 BITTERBUSH LANE	4.3 STREET ADDRESS	5160 SE Seascapes Way
CITY-ST-ZIP	PORT ST LUCIE FL	4.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRYDEN, ELWOOD	5.2 NAME	Mr. Elwood Dryden <i>TREAS. D</i>
STREET ADDRESS	3251 SE FAIRWAY W	5.3 STREET ADDRESS	3251 SE Fairway West
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNN, MARJORIE	6.2 NAME	Mrs. Angelina M. Nicolosi <i>SECTY D</i>
STREET ADDRESS	29 NORTH RIVER ROAD	6.3 STREET ADDRESS	1929 SW Palm City Road
CITY-ST-ZIP	STUART FL 34997	6.4 CITY-ST-ZIP	Stuart, FL 34994

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: *Elwood R. Dryden* SIGNATURE REQUIRED: *ELWOOD R. DRYDEN 1/5/98*

CR2E037 (10/97)