

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90104 020 \*\*\*\*61.25

DOCUMENT # 721162

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/15/1971

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number

23-7115443

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DRYDEN, ELWOOD 100 HOSPITAL AVENUE STUART FL 34995

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD SIEGEL, LYNN 1352 SW SEA HAWK WY PALM CITY FL 34990

DELETED

TITLE VPD LUCAS, IRENE 8212 BITTERBUSH LN PORT ST LUCIE FL 34952

DELETED

TITLE VPD BAKER, MIM 162 SE ST LUCIE BLVD B304 STUART FL

DELETED

TITLE VPD LAMONACO, MARIE 5160 SE SEASCAPE WY STUART FL 34997

DELETED

TITLE TD DRYDEN, ELWOOD 3251 SE FAIRWAY W STUART FL 34997

DELETED

TITLE SD NICOLOSI, ANGELINA M 1929 SW PALM CITY RD STUART FL 34994

DELETED

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD LUCAS, IRENE 8212 BITTERBUSH LN PORT ST LUCIE FL 34952

Change Addition

2.1 TITLE VPD CULLIRE, DOMINICK 1692 SW MONARCH CLUB DR

Change Addition

3.1 TITLE VPD NEAL, KENNETH 2751 SW MAYFLOWER DR. PALM CITY FL 34990

Change Addition

4.1 TITLE

Change Addition

5.1 TITLE

Change Addition

6.1 TITLE SD SHORE, CLARA 7495 SE BAY CEDAR CIRCLE HOBE SOUND FL 33455

Change Addition

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, with all other like empowered.

SIGNATURE: ELWOOD DRYDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 1/7/99

Date

Daytime Phone #

CR2E037 (1/98)