


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

07-15-2005 90021 033 ****61.25

| | | | | | |
|---|-----------------------------|--|---|---|--|
| DOCUMENT # 721162 | | | |  | |
| 1. Entity Name MARTIN MEMORIAL HOSPITAL AUXILIARY, INC. | | | | | |
| Principal Place of Business 1 HOSPITAL DRIVE P.O. BOX 9010 STUART, FL 34995-9010 US | | Mailing Address P.O. BOX 9010 P.O. BOX 9010 STUART, FL 34995-9010 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 23-7115443 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State | | City & State | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ZABLOCKI, RITA M 100 HOSPITAL AVENUE P.O. Box 9010 STUART, FL 34995 <i>300 HOSPITAL AVE STUART FL 34995</i> | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <i>Rita M Zabolcki</i> | | RITA M. ZABLOCKI | | TREASURER 7-12-05 | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BUSH, BARBARA E | | NAME | | |
| STREET ADDRESS | 192 SE ST. LUCIE BLVD. B302 | | STREET ADDRESS | | |
| CITY-ST-ZIP | STUART, FL 349964729 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | P.R. PRESIDENT ELECT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BUSH, CLINTON | | NAME | LEMKE, JOAN | |
| STREET ADDRESS | 4855 SW LOCH LANE | | STREET ADDRESS | 1007 KITCHENS COVE LANE | |
| CITY-ST-ZIP | PALM CITY, FL 34990 | | CITY-ST-ZIP | PORT ST LUCIE FL 34952 | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ZABLOCKI, RITA M | | NAME | | |
| STREET ADDRESS | 395 SE CARDINAL TRAIL | | STREET ADDRESS | | |
| CITY-ST-ZIP | STUART, FL 34997 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | U.N.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CORAGGIO, BENJAMIN | | NAME | KENNEDY, JOHN | |
| STREET ADDRESS | 2615 SW PROSPECT PLACE | | STREET ADDRESS | 7293 S.E. SEAGATE LANE | |
| CITY-ST-ZIP | PALM CITY, FL 34990 | | CITY-ST-ZIP | STUART, FL 34997 | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BERRY, ELLEN | | NAME | | |
| STREET ADDRESS | 3991-B W GREENWOOD WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | PALM CITY, FL 34990 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HAULE, MARY | | NAME | | |
| STREET ADDRESS | 1860 SW PALM CITY AVE #205 | | STREET ADDRESS | | |
| CITY-ST-ZIP | STUART, FL 34994 | | CITY-ST-ZIP | | |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Rita M Zabolcki</i> | | RITA M ZABLOCKI | | 7-12-05 772-287-5200 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date | |
| | | | | Daytime Phone # X387 | |