

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721162

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.

## Current Principal Place of Business:

1 HOSPITAL DRIVE  
P.O.BOX 9010  
STUART, FL 349959010 US

## New Principal Place of Business:

200 HOSPITAL DRIVE  
STUART, FL 349959010 US

## Current Mailing Address:

P.O. BOX 9010  
P.O.BOX 9010  
STUART, FL 349959010 US

## New Mailing Address:

FEI Number: 23-7115443      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLDWAITHE, NANCY  
1669 SW DYER PT RD  
PALM CITY, FL 34990 US

## Name and Address of New Registered Agent:

GOLDTHWAITE, NANCY D  
200 HOSPITAL AVE  
STUART, FL 34994 US

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.

SIGNATURE: NANCY D. GOLDTHWAITE

04/09/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LEMKE, JOAN  
Address: 1007 KITCHENS COPE LN  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PE ( ) Delete  
Name: KEMP, EVA A  
Address: 7943 HERITAGE BLVD  
City-St-Zip: HOBE SOUND, FL 33455

Title: T ( ) Delete  
Name: GOLDWAITHER, NANCY  
Address: 1669 SW DYER PT RD  
City-St-Zip: PALM CITY, FL 34990

Title: V ( ) Delete  
Name: BUCH, CLINTON  
Address: 4855 SW LOCH LANE  
City-St-Zip: PALM CITY, FL 34990

Title: S ( ) Delete  
Name: GUERARD, SHELLEY  
Address: 104 ABBIE CRT  
City-St-Zip: STUART, FL 34996

Title: SD ( ) Delete  
Name: PITTS, BARBARA  
Address: 1951 SW YORK LN  
City-St-Zip: PALM CITY, FL 34990

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KEMP, EVA A  
Address: 7942 HERITAGE BLVD  
City-St-Zip: HOBE SOUND, FL 33455

Title: PE (X) Change ( ) Addition  
Name: GUERARD, SHELLEY  
Address: 540 S.E. ST LUCIE BLVD  
City-St-Zip: STUART, FL 34996

Title: T (X) Change ( ) Addition  
Name: GOLDTHWAITE, NANCY  
Address: 1669 SW DYER PT RD  
City-St-Zip: PALM CITY, FL 34990

Title: V (X) Change ( ) Addition  
Name: MYERS, MIKE  
Address: 1860 PALM CITY ROAD  
City-St-Zip: STUART, FL 34994

Title: S (X) Change ( ) Addition  
Name: LEMKE, JOAN  
Address: L007 KITCHING COVE LANE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY D. GOLDTHAITE

T

04/09/2008

Electronic Signature of Signing Officer or Director

Date