

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2009
Secretary of State**

DOCUMENT# 721162

Entity Name: MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

200 HOSPITAL DRIVE
STUART, FL 349959010 US

New Principal Place of Business:

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:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: PE () Delete
Name: GUERARD, SHELLY
Address: 540 S.E. ST LUCIE BLVD
City-St-Zip: STUART, FL 34996

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

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

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

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

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

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

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

Title: S (X) Change () Addition
Name: SUNDQUIST, EMILY
Address: 6364 SE IRONWOOD CIRCLE
City-St-Zip: STUART, FL 34997

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 GOLDTHWAITE

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date