

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721162

FILED
Feb 16, 2011
Secretary of State

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
Name: GUERARD, SHELLEY
Address: 540 SE SAINT LUCIE BLVD
City-St-Zip: STUART, FL 33996

Title: PE
Name: MEYER, ROSEMARY
Address: 908 NW MOSSY OAK WAY
City-St-Zip: JENSEN BEACH, FL 34957

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

Title: VP
Name: DYALL, SUSAN
Address: 131 SOUTH SHORE ROAD
City-St-Zip: STUART, FL 34994

Title: RS
Name: KISH-SKIDMORE, TERRY
Address: 8880 S. OCEAN DRIVE, #901
City-St-Zip: JENSEN BEACH, FL 34957

Title: CS
Name: PITTS, BARBARA
Address: 1951 SW YORK LN
City-St-Zip: PALM CITY, FL 34990

I hereby 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 all other like empowered.

SIGNATURE: NANCY GOLDTHWAITE

T

02/16/2011

Electronic Signature of Signing Officer or Director

_____ Date