

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90033 035 ****61.25

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DOCUMENT # 731133

1. Corporation Name

ORANGE PARK MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business

2001 KINGSLEY AVENUE
PO BOX 2000
ORANGE PARK FL 32073

Mailing Address

2001 KINGSLEY AVENUE
PO BOX 2000
ORANGE PARK FL 32073

1434973 90033 35 7



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date incorporated or Qualified

11/18/1974

4. FEI Number

59-2248556

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KOPELOUSOS, JOHN ESQ.
1279 KINGSLEY AVE., SUITE 118
ORANGE PARK FLORIDA FL 32073

10. Name and Address of New Registered Agent

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 ☐ DELETE

TITLE PD
NAME MCLANE-CARTER, BEULAH
STREET ADDRESS 334 OLD JENNINGS RD
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE VPD
NAME MUSIELAK, HELEN
STREET ADDRESS 1539 LEESBURG CT
CITY-ST-ZIP ORNAGE PARK FL 32073

TITLE VPD
NAME JENSEN, MARJORIE
STREET ADDRESS 919 RIDGE WALL CT
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE VP
NAME FELTZ, BEVERLY
STREET ADDRESS 606 PARK AVE APT 110
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE T
NAME FUTCH, JEWEL T
STREET ADDRESS 1761 FIDDLER'S RIDGE DR
CITY-ST-ZIP ORANGE PARK FL

TITLE S
NAME STAHL, DOLORES
STREET ADDRESS 4118 PINTO RD
CITY-ST-ZIP MIDDLEBURG FL 32068

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

VP
HARVEY, MARGARET
531 CHARLES PINKNEY ST.
ORANGE PARK, FL 32073
T
WILLIAMS, PAUL D.
99 SWIMMING PEN DR.
MIDDLEBURG, FL 32068

14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)