

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90009 007 \*\*\*\*61.25

**DOCUMENT # 731133**

1. Entity 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**

**54062794**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 8, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 NAME	PD HARVER, MARGARET	<input type="checkbox"/> Delete
STREET ADDRESS	1531 CHARLESPICKNEY	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE NAME	VP KLOTER, MARQUERITE	<input type="checkbox"/> Delete
STREET ADDRESS	1523 IRISHWOOD CT	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE NAME	VPD CARTER, BOULAH	<input type="checkbox"/> Delete
STREET ADDRESS	334 JENNINGS RD	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE NAME	VP CAVALLI, GAIL	<input type="checkbox"/> Delete
STREET ADDRESS	1883 COMMODORE	
CITY-ST-ZIP	ORANGE PARK, FL 32203	
TITLE NAME	T VANEK, PATRICIA	<input type="checkbox"/> Delete
STREET ADDRESS	813 BASSWOODCT	
CITY-ST-ZIP	ORANGE PARK, FL 32065	
TITLE NAME	S JANSEN, MARGARET	<input type="checkbox"/> Delete
STREET ADDRESS	919 RIDGEWALL CRT	
CITY-ST-ZIP	ORANGE PARK, FL 32065	

TITLE NAME	PD MARY JANE LANGRALL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1906 GROVE PARK DR.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE NAME	PO-ELECT HELEN MUSIELAK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1539 LEBSTAN CT.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE NAME	1ST VP. MARGARET JANSEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	919 RIDGEWALL CT.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE NAME	2ND V.P. BOULAH MCCLANE-CARTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	334 JENNINGS RD.	
CITY-ST-ZIP	ORANGE PARK FL 32065	
TITLE NAME	T ERNEST PATZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	223 ASTOR ST. Apt. DAZI	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE NAME	S. MARQUERITE KLOTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1523 IRISHWOOD CT.	
CITY-ST-ZIP	MIDDLEBURG FL 32068	

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:** *Patricia Vanek*