FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 731211

(9)

FORT WALTON BEACH HOSPITAL AUXILIARY, INC.				 	
Principal Place o	of Business	Mailing Address			IBI BIBII BIBII BIBII BIBII BIBII IBBI
FT. WALTON BCH. HOSPITAL AUXILIARY, INC. LBJ SR. DRIVE FORT WALTON BEACH FL 32548 FT. WALTON BCH. HOSPITAL LBJ SR. DRIVE FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548					
FORT MALTON BEACH LE 25340		TOTAL WALLOW DESIGN TE GEO.		3. Date Incorporated or Qualified 11/20/1974	3a. Date of Last Report 04/19/1995
2. Principal Plac	pe of Business	2a. Mailing Address 26		4. FEI Number 56-1037304	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 Zip	Country	8. This corporation has liability for in	
24	25	29 3	<u> </u>	Florida Statutes 10. Name and Address of New Re	
	9. Name and Address of Current	t Registered Agent	81 Name A		
ANOTHER S. LEDON				chors (P.O. Box Number is Not Acceptable	<u>N</u>
ANCHORS, C. LEDON 92 EGLIN PARKWAY			Street Add	Nar Walt Drive S	"uite 1014
FORT WALTON BEACH FL 32548			83		
			84 City	thlatton Beach	FL 85 Zp Code 32547671
11 Purguant to	o the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above-named corp	oration submits this statement for the purp	pose of changing its registered office
or registere	ed agent, or both, in the State of Floric	da. Such change was authorized l	by the corporation's bo	oration submits this statement for the purporard of directors. I hereby accept the appo	Intment as registered agent. Fairi
			_		1/0
SIGNATURE _	Signature, typed or printed name of registered agent	and the rapper	Registered Agent signature requ	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
12.	OFFICERS ANI	D DIRECTORS ADDELETE	13. 1.1 TITLE	PD	Change Addition
TITLE	PD NEODITY ODELL	Piperen		Bazzell, Helen	
NAME	NESBITT, ODELL		1.3 STREET ADDRESS	421 Pelham Road	
STREET ADDRESS	168 RAINBOW DR. FT. WALTON BEACH FL		1.4 CITY-ST-ZIP	Fort Walton Beach,	F1
CITY-ST-ZIP	VD	DELETE		VD	☐ Change ☐ Addition
TITLE	BAZZELL, HELEN	—		Hall, Helen	
NAME .	421 PELHAM ROAD		2.3 STREET ADDRESS	369 Gardner Dr.	
STREET ADDRESS	FT WALTON BCH FL			Fort Walton Beach,	, FL
CITY-ST-ZIP TITLE	S	DELETE	3.1 TITLE	S	Change Addition
NAME	ROSENHEIM, JEAN		3.2 NAME	Nicks, Vivian	
STREET ADDRESS	61 YACHT CLUB DR APT. 3		3.3 STREET ADDRESS	40 Windham Ave. Ap	
CITY-ST-ZIP	FT WALTON BEACH FL		3 4. CITY-ST-ZIP	Fort Walton Beach	FI Change Addition
TITLE	STD	DELETE	4.1 TITLE	TD Rosenheim, Jean 61 Yacht Club Dr.	☐ Change ☐ Addition
NAME	ROSENHEIM, JEAN		4. 2 NAME	61 Yacht Club Dr.	Apt. 3
STREET ADDRESS	61 YACHT CLUB DR		4.3 STREET ADDRESS	Fort Walton Beach	. FL
CITY-ST-ZIP	FT WALTON BEACH FL		4.4 CITY-ST-ZIP		Change Addition
TITLE	D	DELETE	5.1 TITLE		C1
NAME	BAZZELL, HELEN		5.2 NAME		
STREET ADDRESS	421 PELHAM RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE		Plottere	6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS	•		& A CITY - ST - 7IP		
CITY-ST-ZIP	by codify that the information supplied	with this filing is voluntarily furnis	hed and does not qual	ify for the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR