

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90026 037 \*\*\*\*61.25

**DOCUMENT # 731211**

1. Entity Name

FORT WALTON BEACH HOSPITAL AUXILIARY, INC.



Principal Place of Business

FT. WALTON BCH. HOSPITAL AUXILIARY, I  
LBJ SR. DRIVE  
FORT WALTON BEACH FL 32548

Mailing Address

FT. WALTON BCH. HOSPITAL AUXILIARY, I  
LBJ SR. DRIVE  
FORT WALTON BEACH FL 32548



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1037304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

ANCHORS, C. LEDON  
909 MAR WALT DRIVE SUITE 1014  
FT WALTON BEACH FL 32547

7. Name and Address of New Registered Agent

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 with registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE PD ☐ Delete  
NAME LACKOY, KATHLEEN  
STREET ADDRESS 718 MARCIE CT  
CITY- ST- ZIP FORT WALTON BEACH FL 32569

TITLE VP ☐ Delete  
NAME BENNETT, HELEN  
STREET ADDRESS 301 SW CORAL DR  
CITY- ST- ZIP FORT WALTON BEACH FL 32548

TITLE SD ☐ Delete  
NAME FRANKLIN, RITA  
STREET ADDRESS 402 RHONDA KAY CT  
CITY- ST- ZIP FORT WALTON BEACH FL 32547

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Change ☒ Addition  
NAME BAZZELL, HELEN F.  
STREET ADDRESS 421 PELHAM RD.  
CITY- ST- ZIP FORT WALTON BEACH, FL 32547

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Helen F. Bazzell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 4-2007

Date

850-862-2051

Daytime Phone #