2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2008 8:00 am
Secretary of State
02-08-2008 90031 027 ****61.25

DOCUMENT # 731211

1. Entity Name

FORT WALTON BEACH HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
FT. WALTON BCH. HOSPITAL AUXILIARY, I LBJ SR. DRIVE FORT WALTON BEACH FL 32548	FT. WALTON BCH. HOSPITAL AUXILIARY, I LBJ SR. DRIVE FORT WALTON BEACH FL 32548

1st MOORE CR2E037 (10/07)

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANCHORS, C. LEDON 909 MAR WALT DRIVE SUITE 1014 FT WALTON BEACH FL 32547	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 constating) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2008

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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LACKOY, KATHLEEN	NAME	
STREET ADDRESS	718 MARCIE CT	STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL 32569	CITY-ST-ZIP	
TITLE	VP ☑ Delete	TITLE	VPD ☐ Change ☐ Addition
NAME	BENNETT, HELEN	NAME	Jan Ellis
STREET ADDRESS	301 SW CORAL DR	STREET ADDRESS	11 Chelsea Dr. N.E
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	CITY-ST-ZIP	Ft. Walton Bch Fl. 32547
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FRANKLIN, RITA	NAME	
STREET ADDRESS	402 RHONDA KAY CT	STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BAZZELL, HELEN F	NAME	
STREET ADDRESS	421 PELHAM RD	STREET ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 E Bazzell — Jan 30-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #