

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731211

FILED
Feb 15, 2010
Secretary of State

Entity Name: FORT WALTON BEACH HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

FT. WALTON BCH. HOSPITAL AUXILIARY, INC.
1 LBJ SR. DRIVE
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

FT. WALTON BCH. HOSPITAL AUXILIARY, INC.
1 LBJ SR. DRIVE
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 56-1037304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: ARSENAULT, HELEN
Address: 227 SOTIR STREET
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VPD
Name: BREWER, NELL
Address: 111 MORIARITY STREET
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: S
Name: ELLIS, KATHLEEN
Address: 1822 COTTONTREE COURT BOX 10
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TD
Name: BAZZELL, HELEN E
Address: 421 PELHAM RD
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HELEN E. BAZZELL

TD

02/15/2010

Electronic Signature of Signing Officer or Director

Date