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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740952 (7)

1. Corporation Name

LAWNWOOD MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business
1700 S. 23rd St.
Fort Pierce, Fl. 34950

Mailing Address
P.O. Box 188
Fort Pierce, Fl. 34954

3. Date Incorporated or Qualified **12/08/77** 3a. Date of Last Report **2/6/96**

2. Principal Place of Business 21 1700 S. 23rd St. Suite, Apt. #, etc. 22 City & State 23 Fort Pierce, Fl. 34950 Zip Country 24 34950 25 St. Lucie	2a. Mailing Address 26 P.O. Box 188 Suite, Apt. #, etc. 27 City & State 28 Fort Pierce, Fl. 34954 Zip Country 29 34954 30 St. Lucie	4. FEI Number 59-1820872 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent Pauline Clutter, Pres. 1463 A Captains Walk Fort Pierce, Fl. 34950	10. Name and Address of New Registered Agent 81 Name 2000002087522 82 Street Address (P.O. Box, Apt. #, etc.) 1463 A Captains Walk 83 ***78.00 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Pauline Clutter* **Pauline Clutter, President** **2/6/97**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D. <input checked="" type="checkbox"/> DELETE NAME Bohsali, Hala. M. STREET ADDRESS 7868 Saddlebrook Dr. CITY-ST-ZIP Port St. Lucie, Fl. 34986	11 TITLE D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME Clutter, Pauline 13 STREET ADDRESS 1463 A Captains Walk 14 CITY-ST-ZIP Fort Pierce, Fl. 34950	TITLE VPD <input checked="" type="checkbox"/> DELETE NAME Khogstad, Johanna STREET ADDRESS 1433 D Captains Walk CITY-ST-ZIP Fort Pierce, Fl. 34950	21 TITLE VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME Geller, Charles 23 STREET ADDRESS 1676 Walden Pond Drive 24 CITY-ST-ZIP Fort Pierce, Fl. 34945
TITLE RS <input checked="" type="checkbox"/> DELETE NAME Clutter, Pauline STREET ADDRESS 1463A Captains Walk CITY-ST-ZIP Fort Pierce, Fl. 34950	31 TITLE RS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME Cameron, Martha 33 STREET ADDRESS 103-D Lakes Road Drive 34 CITY-ST-ZIP Fort Pierce, Fl. 34982	TITLE T <input checked="" type="checkbox"/> DELETE NAME Arnold, Ligia M. STREET ADDRESS 2605 Butler Lane CITY-ST-ZIP Port St. Lucie, Fl. 34986	41 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME Skidmore, Eleanor 43 STREET ADDRESS 1431 D. Captains Walk 44 CITY-ST-ZIP Fort Pierce, Fl. 34950
TITLE S. <input type="checkbox"/> DELETE NAME Gray, Betty STREET ADDRESS 4861 Selvitz Rd. CITY-ST-ZIP Fort Pierce, Fl. 34981	51 TITLE same <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME Gray, Betty 53 STREET ADDRESS same 54 CITY-ST-ZIP same	TITLE DVP <input checked="" type="checkbox"/> DELETE NAME Kenny, Jean STREET ADDRESS 2302 Sunrise Blvd. #208 CITY-ST-ZIP Fort Pierce, Fl. 34982	61 TITLE DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME Greenwood, Rita 63 STREET ADDRESS 3 Madrid Lane 64 CITY-ST-ZIP Port St. Lucie, Fl. 34952

14. I do 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 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 *Eleanor Skidmore* **Eleanor Skidmore, Treasurer** **2/6/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)