

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90036 016 \*\*\*\*70.00

<b>DOCUMENT # 740952</b> 1. Entity Name <b>LAWNWOOD MEDICAL CENTER AUXILIARY, INC.</b>					
Principal Place of Business 1700 S 23RD STREET FORT PIERCE, FL 34950			Mailing Address 1700 S 23RD STREET FORT PIERCE, FL 34950		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1820872</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01112007    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS ST.</b> <b>TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, PAT 1405 ANGLE RD FORT PIERCE, FL 34945	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pat Dunn 14105 Angle Rd., Ft. Pierce, Fl. 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP DAVIS, BILLIE 310 N 22ND ST FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VP Flora Cramer 3067 Charlesway, Ft. Pierce, Fl. 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP HARDIE, POMMY 1373 BROCKSMITH RD FORT PIERCE, FL 34945	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VP Pommy Hardie 1373 Brocksmith Rd. Ft. Pierce 34945
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUHRO, MARGE 806 HOWARD ST FORT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rec Sec Marge Buhro 806 Howard St., Ft. Pierce, Fl. 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORS DELTUFU, SHIRLEY 517-B CROOKED LAKE RD FORT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cor. Sec. Shirley Deltufu 517-B Crooked Lake Rd., Ft. Pierce, Fl. 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VANDERMOLLEN, HENRY 6 VILLA MARIA FORT PIERCE, FL 34951	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Henry VanderMollen 6 Villa Maria, Ft. Pierce, Fl. 34951
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Henry VanderMollen</i> <small>SIGNATURE, PRINTED OR TYPED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Treasurer    Feb. 6, 2007    772 461 4000 ext. 4701    772 465 3537		