

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740952

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** LAWNWOOD MEDICAL CENTER AUXILIARY, INC.

**Current Principal Place of Business:**

1700 S 23RD STREET  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

1700 S 23RD STREET  
FORT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 59-1820872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE, FL 32301 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: P ( ) Delete  
Name: CRAMER, FLORA  
Address: 3067 CHARLESWAY  
City-St-Zip: FORT PIERCE, FL 34982

Title: 1VP ( ) Delete  
Name: BUHRO, MARJORIE  
Address: 806 HOWARD ST  
City-St-Zip: FORT PIERCE, FL 34982

Title: 2VP ( ) Delete  
Name: SCHWARZKOPF, DOTTIE  
Address: 118 YACHT VIEW LN  
City-St-Zip: FORT PIERCE, FL 34946

Title: RS ( ) Delete  
Name: DUNN, PAT  
Address: 14105 ANGLE RD  
City-St-Zip: FORT PIERCE, FL 34945

Title: CS ( ) Delete  
Name: HARDIE, POMMY  
Address: 1373 BROCKSMITH RD  
City-St-Zip: FORT PIERCE, FL 34945

Title: T ( ) Delete  
Name: VANDERMOLLEN, HENRY  
Address: 6 VILLA MARIA  
City-St-Zip: FORT PIERCE, FL 34951

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DUNN, PAT B  
Address: 14105 ANGLE ROAD  
City-St-Zip: FORT PIERCE, FL 34945

Title: 1VP (X) Change ( ) Addition  
Name: CRAMER, FLORA  
Address: 3067 CHARLES WAY  
City-St-Zip: FORT PIERCE, FL 34946

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: RS (X) Change ( ) Addition  
Name: BUHRO, MARJORIE  
Address: 806 HOWARD STREET  
City-St-Zip: FORT PIERCE, FL 34982

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HENRY VANDERMOLLEN

T

02/03/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date