

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757302 (5)  
1. Corporation Name  
COLUMBIA MEDICAL CENTER - SANFORD AUXILIARY, INC



Principal Place of Business 1401 W SEMINOLE BLVD SANFORD FL 32771	Mailing Address 1401 W SEMINOLE BLVD SANFORD FL 32771
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3. Date Incorporated or Qualified 03/30/1981
4. FEI Number 59-2698937
Applied For Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
LEFILS, GREGORY  
165 OAK AVENUE  
ORANGE CITY FL 32763

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLORAY, DOROTHY 1170 BAVON DR DELTONA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, GRACE 102 PAR PLACE LAKE MARY FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACK, JANE 1170 ELKCAM BLVD., #9 DELTONA FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, THELMA B 622 W. PLANTATION BLVD LAKE MARY FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, MARY HELEN 2340 E. TIMBERCREST DR DELTONA FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, BOB 711 E. 1ST STREET., 14W SANFORD FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition	D
DON RITENOUR 711 GREEN TREE COURT LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PRESIDENT-ELECT <input type="checkbox"/> Change <input type="checkbox"/> Addition	D
ROBERT JONES 711 E. 1st ST. SANFORD, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
RECORDING SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition	D
1370 MELSHIRE AVE. DELTONA, FL 32738 BEA RIDEN HALL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CORRESPONDING SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition	D
DORIS ELLIOTT 1393 AZORA DR. DELTONA, FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VICE-PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition	D
BETTY HALBACK 102 ORANGE DRIVE SANFORD, FL 32710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Thelma B Smith* 4/30/98 407-321-4582

CR2E037 (10/97)