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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

N01293 DOCUMENT #

(2)

	ahi of Florida Hospital A -	UXILIARY, INC.			 	ia anu kaan en	iah Badan d	IDII Digii Albii inz
Principal F	Place of Business	Mailing Address						
10 & NO	OF FLA. HOSPITAL IRMA ST. CITY FL 33815-1107	'AL 1107						
	al Place of Business	US			3. Date Incorporated or Qualified 02/08/1984	3a. Da	ate of Le 01/30	st Report
	th St. & Norma Ave.	2a. Mailing Address He	art of Flo	rida	4. FEI Number			Applied For
Suite, A	Apt. #, etc.	26 Hospital Au	xiliary, I	nc.	59-2373159		-	Not Applicab
2		Suite, Apt. #, etc. P. O. Box 1	.107		5. Certificate of Status Desired			75 Additional
City & S 3 Hai i		City & State			6. Election Campaign Financing			e Required
Zip	nes City, Florida	28 Haines City	, Florida	1	Trust Fund Contribution			00 May Be
4 3384	Country 44 25 TISA	Zip	Country		This corporation has liability for it	otopoible te	Ade	ded to Fees
1. 330.	9. Name and Address of Curren	29 33845-1107	30 USA		Fiorida Statutes	Yes	No	s. 199.032,
	The Madicas of Current	negistered Agent			10. Name and Address of New Re	egistered A	gent	———
WILM/	arth, Ruby		B1 Nam	ю	Jeannette Stokes			
	ALISADES DR		82 Stree	et Address	(P.O. Box Number is Not Acceptable	e)	——	
	NPORT FL 33837		83		1012 Leone Drive	~ /		
			83					
			84 City	 -			T== T -	
1. Pursuar	int to the provisions of Sections 617 0502	end 617 1500 Florida Dial	1 1		<u>Haines City</u>	FL		33844
or regis familiar	ant to the provisions of Sections 617,0502 is stered agent, or both, in the State of Floridi with, and accept the obligations of, Section	Such change was authorized	, the above-named by the corporation.	corporatio	n submits this statement for the purp	ose of chan	iging its	registered office
IGNATURE	i gamente en ecocid	n 617,0503, Florida Statutes.	,,	0 00010 0	r directors. Thereby accept the appoi	ntment as re	egistere	d agent. I am
	Signature, typed or printed name of registered agent a	ditital applicable						
2.	OFFICERS AND	DIRECTORS	Registered Agent signature 13.	required who		DATE		
TLE	PD	X)DELETE	1.1 TITLE	D/D	ADDITIONS/CHANGES TO OFFIC	ERS AND D)IRECT(ORS IN 12
ME	Wilmarth, Ruby		1.2 NAME	P/D		X)	Change	☐ Addition
REET ADDRESS	s 105 PALISADES DR		1.3 STREET ADDRESS	510	kes, Jeannette			
Y-SI-ZiP	DAVENPORT FL				2 Leone Drive			
LE	VO	K] DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Hai	nes Cito to cook			
ME	STOKES, JEANETTE	362	2 1 1116	1	100 0+01 1T 22044			
REET ADDRESS	s 1012 E. LEONE DR.		2.2 41445	V/D		×	Change	Addition
			2.2 NAME	V/D Wine	eman, Lorraine	æ	Change	Addition
Y-ST-ZIP	HAINES CITY FL		2 3 STREET ADDRESS	Wine	eman, Lorraine Mouse Mountain Dri	æ	Change	☐ Addition
		€ IDELETE	2 3 STREET ADDRESS 2. 4 CITY-ST-ZIP	Wine 112 Dave		æ	Change	Addition
tē	HAINES CITY FL VD WINEMAN, LORRAINE	X IDELETE	2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3.1 TITLE	Wine 112 Dave S/D	eman, Lorraine Mouse Mountain Dri enport, Fl. 33837	ve	Change Change	☐ Addition
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të Me Reet Address Y-St-Zif	HAINES CITY FL VD WINEMAN, LORRAINE 112 MOUSE MOUNTAIN DR. DAVENPORT FL	₹]DELETE	2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3.1 TITLE 3 2 NAME 3.3 STREET ADDRESS	V/D Wine 112 Dave S/D Daou 3000	eman, Lorraine Mouse Mountain Dri enport, Fl. 33837 ust, Pamela Hwy.17-92 West #2	ye ve x⊡		
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TE ME BEET AODRESS 'Y-ST-ZIF' LE	HAINES CITY FL VD WINEMAN, LORRAINE 112 MOUSE MOUNTAIN DR. DAVENPORT FL SD EARLE, EVA		2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3.1 TITLE 3 2 NAME 3.3 STREET ADDRESS 3 4 CITY-ST-ZIP 4.1 TITLE	V/D Wine 112 Dave S/D Daou 3000 Hair	eman, Lorraine Mouse Mountain Drienport, Fl. 33837 ust, Pamela Hwy.17-92 West #2	x□ ve x□ 38		
TE ME REET AODRESS IY - ST - ZIF LE ME	HAINES CITY FL VD WINEMAN, LORRAINE 112 MOUSE MOUNTAIN DR. DAVENPORT FL SD EARLE, EVA 2403 WINGER AVE.		2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	V/D Wine 112 Dave S/D Daou 3000 Hair T/D Youn	eman, Lorraine Mouse Mountain Dri- enport, Fl. 33837 ust, Pamela Hwy.17-92 West #2 nes City, Fl. 33844	x x 38	Change	Addition
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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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JEANNETTE STOKES JAMUTE STOKES
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR