

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 09 1998 8:00am  
 Secretary of State

0013001

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N23868 (5)**  
 1. Corporation Name  
**SANTA ROSA MEDICAL CENTER AUXILIARY, INC.**



Principal Place of Business 1450 BERRYHILL RD. MILTON FL 32570 US	Mailing Address 1450 BERRYHILL RD. MILTON FL 32570 US
--	--

3. Date Incorporated or Qualified 12/14/1987	
4. FEI Number 59-2847957	Applied For <input type="checkbox"/> Not Applicable
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 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 type="checkbox"/> No	

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent  
**BYROM, JENNIFER**  
**310 ELMIRA STR**  
**MILTON FL 32570**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
			FL	

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBERTSON, ELBA	
STREET ADDRESS	408 CONEY ST	
CITY-ST-ZIP	MILTON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EGLER, LOUISE	
STREET ADDRESS	5124 WESTPORT DR	
CITY-ST-ZIP	MILTON FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRIFFITH, PEGGY	
STREET ADDRESS	914 LARK AVENUE	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIS, DOT	
STREET ADDRESS	144-A HINOTE ST.	
CITY-ST-ZIP	MILTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILL, JEAN	
STREET ADDRESS	1853 BLACK RD	
CITY-ST-ZIP	MILTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Peggy Griffith Peggy Griffith 7/1/98 850-623-6330  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)