

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Munroe
Secretary of State
DIVISION OF CORPORATIONS



APPROVED AND FILED
MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002193 (1)
1. Corporation Name
JOHN KNOX MED CENTER AUXILIARY, INC.

Principal Place of Business Mailing Address
1750 SOUTH VOLUSIA AVENUE SUITE 7 ORANGE CITY FL 32763

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/10/1993 3a. Date of Last Report 05/01/1994

4. FEI Number 59-3234389 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country

9. Name and Address of Current Registered Agent
HARDESTY, ALONZO H III
1750 SOUTH VOLUSIA 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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME DELURVEA, DORIS STREET ADDRESS 17B SWEETGUM CITY - ST - ZIP ORANGE CITY FL		11 TITLE P/D 12 NAME WOLFE, MARGEPY 13 STREET ADDRESS 24A Florabunda Circle 14 CITY - ST - ZIP Orange City, FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME REEVES, PAUL STREET ADDRESS 7A WESTLAKE DR. CITY - ST - ZIP ORANGE CITY FL		21 TITLE VP/D 22 NAME JAMES, MARGARET 23 STREET ADDRESS 7B Westlake Drive 24 CITY - ST - ZIP Orange City, FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DONAHUE, LUCILLE STREET ADDRESS 13B AZALEA DR. CITY - ST - ZIP ORANGE CITY FL		31 TITLE T 32 NAME MUNROE, ETHEL B. 33 STREET ADDRESS 8A Nasturtium Court 34 CITY - ST - ZIP Orange City, FL 32763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME ROBINSON, RUTH STREET ADDRESS 11B Eucalyptus Drive CITY - ST - ZIP Orange City, FL 32763		41 TITLE S 42 NAME ROBINSON, RUTH 43 STREET ADDRESS 11B Eucalyptus Drive 44 CITY - ST - ZIP Orange City, FL 32763	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME DELURVEA, DORIS STREET ADDRESS 17B SWEETGUM CITY - ST - ZIP ORANGE CITY FL		51 TITLE D 52 NAME DELURVEA, DORIS 53 STREET ADDRESS 17B Sweetgum 54 CITY - ST - ZIP Orange City, FL 32763	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME ROBINSON, RUTH STREET ADDRESS 11B Eucalyptus Drive CITY - ST - ZIP Orange City, FL 32763		61 TITLE S 62 NAME ROBINSON, RUTH 63 STREET ADDRESS 11B Eucalyptus Drive 64 CITY - ST - ZIP Orange City, FL 32763	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ethel B. Munroe* 03/31/95 904-774-0568
Ethel B. Munroe, Treasurer