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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000002193

1. Corporation Name
JOHN KNOX MED CENTER AUXILIARY, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/10/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3234389	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HARDESTY, ALONZO H III 1750 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEDDER, JANE	1.2 NAME	
STREET ADDRESS	4A LILAC CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNOR, ELIZABETH	2.2 NAME	BUTNER, EDITH
STREET ADDRESS	4A EUCALYPTUS DR	2.3 STREET ADDRESS	1-A S. Bougainvillea Court
CITY-ST-ZIP	ORANGE CITY FL 32763	2.4 CITY-ST-ZIP	Orange City, FL 32763
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEREAULT, CHARLOTTE	3.2 NAME	MAGEE, CAROL H.
STREET ADDRESS	1B FLORBUNDA CIR	3.3 STREET ADDRESS	5B Northlake Drive
CITY-ST-ZIP	ORANGE CITY FL 32763	3.4 CITY-ST-ZIP	Orange City, FL 32763
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETZEL, JEAN	4.2 NAME	
STREET ADDRESS	1B IVY CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WETHERILL, ELEANOR	5.2 NAME	
STREET ADDRESS	1A NASTURTIUM CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, MARGARET	6.2 NAME	
STREET ADDRESS	7B WESTLAKE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE CITY FL 32763	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, with all other like empowered.

SIGNATURE: Katherine Harris SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3/9/99 Daytime Phone # _____

CR2E037 (11/98)