NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9300002193

1. Corporation Name

JOHN KNOX MED CENTER AUXILIARY, INC.

Princ	ipal	Pla	ce o	f Bus	iness

1750 SOUTH VOLUSIA AVENUE SUITE 7 ORANGE CITY FL 32763 Mailing Address

1750 SOUTH VOLUSIA AVENUE

SUITE 7

**ORANGE CITY FL 32763** 

## FILED Mar 14, 1999 8:00 am § Secretary of State

03-14-1999 90024 045 \*\*\*\*61.25

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Applied For   Applied For   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Sp3234399   Not Applied For	City & State  Zip  Zip  24  HARDESTY, 1750 SOUTH- ORANGE CIT  11. Pursuant to office or reg agent. I am  SIGNATURE  12.  TITLE NAME T STREET ADDRESS  4		Suite, Apt. #, etc. 27 City & State				4. FEI Numb	er		<u>L</u>	+	ed For
Security	City & State  Zip  Zip  24  HARDESTY, 1750 SOUTH- ORANGE CIT  11. Pursuant to office or reg agent. I am  SIGNATURE  12.  TITLE NAME T STREET ADDRESS  4		City & State								+	ed For
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9. Name and Address of Current Registered Agent  HARDESTY, AL ONIZO H III 1750 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763  181 Name  B22 Street Address (P.O. Box Number is Not Acceptable)  1750 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763  184 City  FL 85 Zip Code  185 City  FL 85 Zip Code  186 City  FL 85 Zip Code  187 Name and Address of New Registered Agent  188 Name  188 Size Code  188 Size Co	HARDESTY, 1750 SOUTH ORANGE CIT  11. Pursuant to office or reg agent. I am SIGNATURE 12. TITLE P NAME T STREET ADDRESS 4		Zip	Cou	ntry		6. Election Campaign Financing - \$5.00 May Be					ay Be
HARDESTY, ALONZO H III 1750 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763  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 director's. I hereby accept the obligations of, Section 617.0503, 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 director's. I hereby accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent and title in a familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and title in a submit ship statement for the purpose of changing its registered agent and title in a submit ship statement for the purpose of changing its registered agent and title in a submit ship statement for the purpose of changing its registered agent.  12.	HARDESTY, 1750 SOUTH ORANGE CIT  11. Pursuant to office or reg agent. I am SIGNATURE 12. TITLE P NAME T STREET ADDRESS 4	25	29	30			Trust Fund	d Contribution		Ad	ded to	Fees
HARDESTY, ALONZO H III 1750 SOUTH VOLUSIA AVENUE ORANGE CITY FL 32763  82	1750 SOUTHORANGE CIT  11. Pursuant to office or reg agent. I am SIGNATURE  12.  11ILE PAME T T STREET ADDRESS 4						10. Name and	d Address of New Reg	istered /	Agent		
17. 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 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  PD	1750 SOUTHORANGE CIT  11. Pursuant to office or reg agent. I am SIGNATURE  12.  11ILE PAME T T STREET ADDRESS 4		<del></del>		81	Name						
17. 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 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  PD	1750 SOUTHORANGE CIT  11. Pursuant to office or reg agent. I am SIGNATURE  12.  11ILE PAME T T STREET ADDRESS 4	ALONZO H III			82	Street A	Address (P.O. Box Nu	ımber is Not Acceptable	<del>)</del>			
ORANGE CITY FL 32763  88 City  FL 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and the fi spokable.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD DELETE  11. TITLE  TEDDER, JANE  12. NAME  12. NAME  12. NAME  12. NAME  13. STREET ADDRESS  14. CITY-51.2P  NAME  14. CITY-51.2P  ORANGE CITY FL 32763  14. CITY-51.2P  ORANGE CITY FL 32763  15. SERET ADDRESS  16. CITY-51.2P  17. TITLE  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CITY-51.2P  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. TITLE  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. TITLE  16. CITY-51.2P  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES	11. Pursuant to office or reg agent. I am SIGNATURE  12.  TITLE PAME  STREET ADDRESS 4											
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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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if significance.   (NOTE. Registered Agent signature required when reinstating)	office or reg agent. I am  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  4	1111 1 22/00								las I	Zin Co	<del></del>
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's obard of infections. Thereby accept the appointment as registered agent, and accept the obligations of, Section 67.0503, Florida Statutes.  SIGNATURE    12.	office or reg agent. I am  SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  4				84	City	FL 85 Zip Code					Ge
Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent separature required when reunstativity)   CATE	12. TITLE P NAME T STREET ADDRESS 4	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.										
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ORANGE CITY FL 32763  TITLE  VD  NAME  O'CONNOR, ELIZABETH  STREET ADDRESS  CITY-ST-ZIP  TITLE  TD  NAME  THEREAULT, CHARLOTTE  STREET ADDRESS  CITY-ST-ZIP  ORANGE CITY FL 32763  TITLE  TD  NAME  THEREAULT, CHARLOTTE  STREET ADDRESS  CITY-ST-ZIP  ORANGE CITY FL 32763  TITLE  TD  NAME  THEREAULT, CHARLOTTE  STREET ADDRESS  CITY-ST-ZIP  ORANGE CITY FL 32763  TITLE  SD  DELETE  A1 TITLE  SD  ORANGE CITY FL 32763  A2 CAROL H.  STREET ADDRESS  TITLE  SD  ORANGE CITY FL 32763  A4 CITY-ST-ZIP  TITLE  DO  ORANGE CITY FL 32763  TITLE  SD  ORANGE CITY FL 32763  TITLE  DO  ORANGE CITY FL 32763  TITLE  STREET ADDRESS  THERE ADDRE				1.2 N/	AME							
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NAME JAMES, MARGARET 62 NAME	-	-										
STREET ADDRESS 7B WESTLAKE DR 6.3 STREET ADDRESS		IAMES MARGARET		6.2 N	AME							i

ORANGE CITY FL 32763

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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99 Date

Daytime Phone #

:K2E03/ (11/98)