

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

0023693

**DOCUMENT # N93000002193**

1. Entity Name

**JOHN KNOX MED CENTER AUXILIARY, INC.**

02-13-2001 90599 020 \*\*\*\*61.25

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

A0022781



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3234389

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARDESTY, ALONZO H III  
 1750 SOUTH VOLUSIA AVENUE  
 ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	TEDDER, JANE	4A LILAC CT	ORANGE CITY FL 32763	<input checked="" type="checkbox"/>
VD	BUTTNER, EDITH	1-A BOUGAINVILLEA CRT	ORANGE CITY FL 32763	<input checked="" type="checkbox"/>
TD	MAGEE, CAROL H	5B NORTH LAKE DR	ORANGE CITY FL 32763	<input checked="" type="checkbox"/>
SD	WETZEL, JEAN	1B IVY CT	ORANGE CITY FL 32763	<input checked="" type="checkbox"/>
D	WETHERILL, ELEANOR	1A NASTURTUM CT	ORANGE CITY FL 32763	<input checked="" type="checkbox"/>
D	JAMES, MARGARET	7B WESTLAKE DR	ORANGE CITY FL 32763	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Margery Wolfe	24-A Florabunda Circle	Orange City, FL 32763	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Harriet Ernst	6-A Florabunda Circle	Orange City, FL 32763	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Bette Stack	2-B Nasturtium Court	Orange City, FL 32763	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Carol Magee	5-B Northlake Drive	Orange City, FL 32763	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	Margaret James	7-B Westlake Drive	Orange City, FL 32763	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Doris Branch	105 Northlake Drive, Apt 322-A	Orange City, FL 32763	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

*Bette Stack, Treasurer*

CR2E037 (10/00)