

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90229 044 ****61.25

DOCUMENT # N93000002193

1. Entity Name

JOHN KNOX MED CENTER AUXILIARY, INC.

Principal Place of Business

Mailing Address

1750 SOUTH VOLUSIA AVENUE
 SUITE 7
 ORANGE CITY FL 32763

1750 SOUTH VOLUSIA AVENUE
 SUITE 7
 ORANGE CITY FL 32763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3234389

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD WOLFE, MARGERY**
 STREET ADDRESS **24-A FLORABUNDA CIRCLE**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE Change Addition
 NAME **PD ERNST, HARRIET**
 STREET ADDRESS **6-A Florabunda Circle**
 CITY-ST-ZIP **Orange City, FL 32763**

TITLE Delete
 NAME **VD ERNST, HARRIETT**
 STREET ADDRESS **6-A FLORABUNDA CIRCLE**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE Change Addition
 NAME **VD RACINE, GINNIE**
 STREET ADDRESS **2-B Dogwood Court**
 CITY-ST-ZIP **Orange City, FL 32763**

TITLE Delete
 NAME **TD STACK, BETTE**
 STREET ADDRESS **1 NASTURTIUM COURT**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE Change Addition
 NAME **TD KALIEUT, GERMAINE**
 STREET ADDRESS **17-A Azalea Drive**
 CITY-ST-ZIP **Orange City, FL 32763**

TITLE Delete
 NAME **DAT MAGEE, CAROL**
 STREET ADDRESS **5-B NORTHLAKE DRIVE**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS JAMES, MARGARET**
 STREET ADDRESS **7-B WESTLAKE DRIVE**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE Change Addition
 NAME **DS STACK, BETTE**
 STREET ADDRESS **2-B Nasturtium Court**
 CITY-ST-ZIP **Orange City, FL 32763**

TITLE Delete
 NAME **D BRANCH, DORIS**
 STREET ADDRESS **105 NORTHLAKE DRIVE APT 322-A**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE: Germaine Kalieut

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02

386-775-3288

Date

Daytime Phone #

CR2E037 (9/01)

Attachment
#N93000002193/60757

ALONZO H. HARDESTY, III, P. A.

ATTORNEY AT LAW

SUITE 7
1750 SOUTH VOLUSIA AVENUE
ORANGE CITY, FLORIDA 32763

TELEPHONE (386) 775-3222
FACSIMILE (386) 775-3345

February 21, 2002

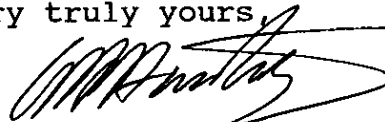
Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: JOHN KNOX MED CENTER AUXILIARY, INC.

Dear Sirs:

Please find enclosed for filing the 2002 Uniform Business Report (UBR) for John Knox Med Center Auxiliary, Inc., together with check in the amount of \$61.25 representing the filing fee due thereon.

Very truly yours,



Alonzo H. Hardesty

AHH/pr
Enclosure(s)
cc: Ms. Germaine Kalifut, Treasurer