



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90033 019 \*\*\*\*61.25

<b>DOCUMENT # N23868</b> 1. Entity Name <b>SANTA ROSA MEDICAL CENTER AUXILIARY, INC.</b>					
Principal Place of Business <b>6002 BERRYHILL RD</b> <b>MILTON, FL 32570 US</b>			Mailing Address <b>6002 BERRYHILL RD</b> <b>MILTON, FL 32570 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  01182007 Chg-NP CR2E037 (12/06)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2847957</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>BYROM, JENNIFER</b> <b>310 ELMIRA STR</b> <b>MILTON, FL 32570</b>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SNOWMAN, DULCE M 5832 HERMITAGE CR MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, IRENE 5965 CLARK RD MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Snowman, Dulce M. <input type="checkbox"/> Change <input type="checkbox"/> Addition 5832 Hermitage Cr. Milton, FL 32570		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIDY, ALICE 5330 MOOSE RD MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shields, Irene <input type="checkbox"/> Change <input type="checkbox"/> Addition 5965 Clark Rd. Milton, FL 32570		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDREWS, MARTHA 5611 RAYAT D MILTON, FL 32571 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Guidy, Alice <input type="checkbox"/> Change <input type="checkbox"/> Addition 5330 Moose Rd. Milton, FL 32570		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IMHOF, VICKI 4409 BAYOU RIDGE DR PACE, FL 32571 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Carol Cohen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5210 Hawks Nest Dr. Milton, FL 32570		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STATON, WANDA 11374 HORIZON RD MILTON, FL 32570 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P B.J.Fondren <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5248 Goshawk Dr. Milton, FL 32570		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KONZ, KAREN 5462 PINE BARRON RD. MILTON, FL 32570 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Karen Konz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5462 Pine Barron Rd. Milton, FL 32570		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u>Dulce M. Snowman</u> <b>Jan 22, 2007</b> <b>850-981-2689</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					