2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# N23868

Entity Name: SANTA ROSA MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

6002 BERRYHILL RD
MILTON, FL 32570 US

New Principal Place of Business:

Current Mailing Address:

6002 BERRYHILL RD
MILTON, FL 32570 US

New Mailing Address:

FEI Number: 59-2847957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BYROM, JENNIFER
310 ELMIRA STR
MILTON, FL 32570 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	T	( ) Delete
Name:	SNOWMAN, DULCE M	
Address:	5832 HERMITAGE CR	
City-St-Zip:	MILTON, FL 32570	
Title:	D	( ) Delete
Name:	SCHOENHERR, KAY	
Address:	5853 HAMILTON BRIDGE RD.	
City-St-Zip:	MILTON, FL 32570	
Title:	D	( ) Delete
Name:	GUIDY, ALICE	
Address:	5330 MOOSE RD	
City-St-Zip:	MILTON, FL 32570	
Title:	V	( ) Delete
Name:	COHEN, CORAL	
Address:	5210 HAWKS NEST DRIVE	
City-St-Zip:	MILTON, FL 32570	
Title:	P	( ) Delete
Name:	FONDREN, B.J.	
Address:	5248 GOSHAWK DRIVE	
City-St-Zip:	MILTON, FL 32570	
Title:	S	( ) Delete
Name:	DAMICO, BARBARA	
Address:	5534 FOX FIRE RD.	
City-St-Zip:	MILTON, FL 32570	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	WARD, BECKIE	
Address:	5764 HERMITAGE CR.	
City-St-Zip:	MILTON, FL 32570	
Title:	V	(X) Change ( ) Addition
Name:	MAYEAUX, ELOUISE	
Address:	P.O.BOX 112	
City-St-Zip:	MILTON, FL 32570	
Title:	P	(X) Change ( ) Addition
Name:	GRIFFITH, PEGGY	
Address:	6465 LARK AVENUE	
City-St-Zip:	MILTON, FL 32570	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DULCE M. SNOWMAN T 06/29/2009

Electronic Signature of Signing Officer or Director — Date