

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731133

**Entity Name:** ORANGE PARK MEDICAL CENTER AUXILIARY, INC.**Current Principal Place of Business:**2001 KINGSLEY AVENUE  
ORANGE PARK, FL 32073**Current Mailing Address:**2001 KINGSLEY AVE.  
ORANGE PARK, FL 32073**FEI Number:** 59-2248556**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVIE, WILLIAM H ESQ.  
2001 KINGSLEY AV.  
ORANGE PARK, FL 32073 US*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:** WILLIAM H DAVIE

03/10/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	LINDSAY, LOUIS
Address	2001 KINGSLEY AVE
City-State-Zip:	ORANGE PARK FL 32073

Title	TREASURER
Name	SECHRIST, LYLE
Address	2001 KINGSLEY AVENUE
City-State-Zip:	ORANGE PARK FL 32073

Title	SECRETARY
Name	ELMORE, LISA
Address	2001 KINGSLEY AVENUE
City-State-Zip:	ORANGE PARK FL 32073

Title	2ND VICE PRESIDENT
Name	COLE, LINDA
Address	2001 KINGSLEY AVENUE
City-State-Zip:	ORANGE PARK FL 32073

Title	1ST VICE PRESIDENT
Name	EDE, WATSON
Address	2001 KINGSLEY AVENUE
City-State-Zip:	ORANGE PARK FL 32073

*I hereby 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 all other like empowered.*

**SIGNATURE:** LYLE SECHRIST**TREASURER**

03/10/2020

Electronic Signature of Signing Officer/Director Detail

Date