

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731211

**Entity Name:** FORT WALTON BEACH HOSPITAL AUXILIARY, INC.

**Current Principal Place of Business:**

FT. WALTON BCH. HOSPITAL AUXILIARY, INC.  
1 LBJ SR. DRIVE  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

FT. WALTON BCH. HOSPITAL AUXILIARY, INC.  
1 LBJ SR. DRIVE  
FORT WALTON BEACH, FL 32547

**FEI Number:** 56-1037304

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANCHORS, C. LEDON  
909 MAR WALT DRIVE SUITE 1014  
FT WALTON BEACH, FL 32547 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ELLIS, KATHERINE  
Address 1822 COTTON TREE COURT BOX 10  
City-State-Zip: FORT WALTON BEACH FL 32547

Title S  
Name WILLIAMS, TERRY  
Address 2019 BOB WHITE CT.  
City-State-Zip: MARY ESTHER FL 32569

Title TD  
Name BAZZELL, HELEN E  
Address 421 PELHAM RD  
City-State-Zip: FORT WALTON BEACH FL 32547

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:** HELEN E. BAZZELL

**TREASURER**

**04/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date