

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740952

Entity Name: LAWNWOOD MEDICAL CENTER AUXILIARY, INC.**Current Principal Place of Business:**1700 S 23RD STREET
FORT PIERCE, FL 34950**Current Mailing Address:**1700 S 23RD STREET
FORT PIERCE, FL 34950**FEI Number:** 59-1820872**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAWNWOOD REGIONAL MEDICAL CENTER AUXILIARY
1700 SO. 23RD ST
FT PIERCE, FL 34982 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	TREASURER
Name	TOMLIN, HELEN
Address	1700 S 23RD STREET
City-State-Zip:	FORT PIERCE FL 34950

Title	1VP
Name	HAVEY, MARY LYNNE
Address	1700 S 23RD STREET
City-State-Zip:	FORT PIERCE FL 34950

Title	PRESIDENT
Name	GORDON, GEORGE
Address	330 SMALLWOOD AVENUE
City-State-Zip:	FORT PIERCE FL 34982

Title	2NDVP
Name	DUNN, PAT
Address	1700 S 23RD STREET
City-State-Zip:	FORT PIERCE FL 34950

Title	RECORDING SECRETARY
Name	GALANTE, CAROLYN
Address	1512 CORTEZ BLVD.
City-State-Zip:	FORT FL 34982

Title	CORRESPONDING SECRETARY
Name	ABRAHAM, ROSALIE
Address	554 NW WAVERLY CIRCLE
City-State-Zip:	PORT ST LUCIE FL 34983

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: GEORGE GORDON**PRESIDENT****02/05/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date