

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90018 044 ***550.00

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1. Entity Name

HOSPITAL AUXILIARY OF THE INDIAN RIVER MEMORIAL
HOSPITAL, INC.



Principal Place of Business

1000 36TH ST
VERO BEACH, FL 32960

Mailing Address

1000 36TH ST
VERO BEACH, FL 32960

14018807



07062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-1003707

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, WILLIAM J.
3355 OCEAN DRIVE
VERO BEACH, FL 32963

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	WARREN, JEANNE
STREET ADDRESS	15 PLANTATION DR., APT 206
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	SD
NAME	MERCIER, HELEN
STREET ADDRESS	391 GROVE ISLE CIRCLE
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	VD
NAME	KENNEDY, KITTY
STREET ADDRESS	356 EUGENIA RD.
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	VD
NAME	HOFFMAN, PETER
STREET ADDRESS	111 PASSAGE ISLAND
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	TD
NAME	JUDD, DUDLEY
STREET ADDRESS	2800 INDIAN RIVER BLVD., #K1
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	PD
NAME	BYRKET, REITA
STREET ADDRESS	281 SEA OAK DR.
CITY-ST-ZIP	VERO BEACH, FL 32963

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Dudley F. Judd (DUDLEY F. JUDD) 7/8/05 (772) 562-3647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #