

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 700871

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**



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
WARREN, JEANNE
15 PLANTATION DRIVE, APT. 206
VERO BEACH, FL 32966**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MERCIER, HELEN
391 GROVE ISLE CIRCLE
VERO BEACH, FL 32962**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KENNEDY, KITTY
356 EUGENIA ROAD
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HOFFMAN, PETER
111 PASSAGE ISLAND
VERO BEACH, FL 32963**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
JUDD, DUDLEY
2800 INDIAN RIVER BLVD., # K1
VERO BEACH, FL 32960**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BYRKET, REITA
281 SEA OAK DRIVE
VERO BEACH, FL 32963**

U00000580355
01/10/07-80043-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

REITA BYRKET
Reita Byrket, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/07
Date

772-567-4311 - Ext 1392
Daytime Phone #