

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700871

FILED
Jul 01, 2009
Secretary of State

Entity Name: HOSPITAL AUXILIARY OF THE INDIAN RIVER MEMORIAL HOSPITAL, INC.

Current Principal Place of Business:

1000 36TH ST
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1000 36TH ST
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 59-1003707 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARREN, JEANNE
Address: 15 PLANTATION DRIVE, APT. 206
City-St-Zip: VERO BEACH, FL 32966

Title: SD () Delete
Name: MERCIER, HELEN
Address: 391 GROVE ISLE CIRCLE
City-St-Zip: VERO BEACH, FL 32962

Title: VD () Delete
Name: HOFFMAN, PETER
Address: 111 PASSAGE ISLAND
City-St-Zip: VERO BEACH, FL 32963

Title: TD () Delete
Name: JUDD, DUDLEY
Address: 2800 INDIAN RIVER BLVD., # K1
City-St-Zip: VERO BEACH, FL 32960

Title: VD () Delete
Name: ROBERTS, LORRAINE
Address: 345 OLD DIXIE HIGHWAY SW
City-St-Zip: VERO BEACH, FL 32962

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WARREN, JEANNE
Address: 15 PLANTATION DRIVE, APT. 206
City-St-Zip: VERO BEACH, FL 32966

Title: VP (X) Change () Addition
Name: SYLVESTER, BARBARA
Address: 4471 8TH LANE SW
City-St-Zip: VERO BEACH, FL 32968

Title: VP (X) Change () Addition
Name: HOFFMAN, PETER
Address: 965 LANTERN LANE
City-St-Zip: VERO BEACH, FL 32963

Title: VP (X) Change () Addition
Name: WEICK, JANE
Address: 20 SOUTHAMPTON TERRACE
City-St-Zip: VERO BEACH, FL 32963

Title: S (X) Change () Addition
Name: MAKI, MARGE
Address: 1950 S US 1, UNIT 224
City-St-Zip: VERO BEACH, FL 32962

Title: T () Change (X) Addition
Name: PREUSS, MARTIN
Address: 17 PLANTATION DRIVE, APT 106
City-St-Zip: VERO BEACH, FL 32966

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEANNE WARREN

P

07/01/2009

Electronic Signature of Signing Officer or Director

Date