

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90069 003 \*\*\*\*61.25

**DOCUMENT # 700994**

1. Entity Name

**NORTH BROWARD MEDICAL CENTER AUXILIARY, INC.**



Principal Place of Business

201 E. SAMPLE RD  
POMPANO BEACH FL 33064

Mailing Address

201 E. SAMPLE RD  
POMPANO BEACH FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6139927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**D'ESPIES, JOSEPHINE**  
**1951 N.E. 39TH STREET, #156**  
**LIGHTHOUSE POINT FL 33064**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME ~~D'ESPIES, JOSEPHINE~~  
STREET ADDRESS 1951 N.E. 39TH STREET, #156  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☒ Change ☐ Addition  
NAME **D'ESPIES, JOSEPHINE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME AIELLO, BERTHA  
STREET ADDRESS 1950 N.E. 31ST STREET  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME CARLSON, SUZANNE  
STREET ADDRESS 975 HILLSBORO MILE  
CITY-ST-ZIP HILLSBORO BEACH FL 33062

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TR ☐ Delete  
NAME WATSON, NANCY  
STREET ADDRESS 4000 CYPRESS GROVE WAY #206  
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☒ Change ☐ Addition  
NAME 3507 Oaks Way  
STREET ADDRESS #609 33069  
CITY-ST-ZIP Pompano Beach

TITLE VPD ☐ Delete  
NAME MAYER, GERTRUDE  
STREET ADDRESS 4841 N.W. 22ND STREET  
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME BOOTH, JUDITH  
STREET ADDRESS 648 EDGEWATER DRIVE  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*Lacey Stinson*

2/06/06

954-786-2379