

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90239 006 \*\*\*\*61.25

**DOCUMENT # 703865**

1. Entity Name  
**JAMES E. HOLMES REGIONAL MEDICAL CENTER  
AUXILIARY, INC.**



Principal Place of Business  
**1350 SOUTH HICKORY STREET  
MELBOURNE, FL 32901-3276**

Mailing Address  
**6450 US HWY #1  
ROCKLEDGE, FL 32955**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1889057**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**MATHIAS, DAVID E  
6450 US HWY #1  
ROCKLEDGE, FL 32955**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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 FETES, MARGE  
STREET ADDRESS 1350 SOUTH HICKORY STREET  
CITY-ST-ZIP MELBOURNE, FL 329013276

TITLE P/D ☐ Change ☒ Addition  
NAME DAUBE, JERI  
STREET ADDRESS 1350 S. HICKORY STREET  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE SD ☒ Delete  
NAME CAROTHERS, CAROLYN  
STREET ADDRESS 1350 SOUTH HICKORY STREET  
CITY-ST-ZIP MELBOURNE, FL 329013276

TITLE VP/T/D ☐ Change ☒ Addition  
NAME LAVANDIER, EDNA  
STREET ADDRESS 1350 S. HICKOTRY STREET  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE VPD ☒ Delete  
NAME BRAINARD, NANCY  
STREET ADDRESS 1350 SOUTH HICKORY STREET  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE S/D ☐ Change ☒ Addition  
NAME GOOD, PHYLISS  
STREET ADDRESS 1350 S. HICKORY STREET  
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE SD ☒ Delete  
NAME LOESENER, INGRID  
STREET ADDRESS 1350 SOUTH HICKORY STREET  
CITY-ST-ZIP MELBOURNE, FL 32901

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

TITLE TD ☒ Delete  
NAME MARTENS, HELEN  
STREET ADDRESS 1350 SOUTH HICKORY STREET  
CITY-ST-ZIP MELBOURNE, FL 32901

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

TITLE VPD ☐ Delete  
NAME KELLY, FLORA  
STREET ADDRESS 1350 SOUTH HICKORY STREET  
CITY-ST-ZIP MELBOURNE, FL 32901

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 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:**

*David E. Mathias*

**David E. Mathias**

**4/22/05**

**321-434-4355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #