

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90075 045 ****61.25

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04042007 Chg-NP CR2E037 (12/06)

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| 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 - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1889057 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MATHIAS, DAVID E 6450 US HWY #1 ROCKLEDGE, FL 32955 | | | 7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | PD SHATZER, LINDA 1350 SOUTH HICKORY ST MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ANGIE BAUMGARDT 1350 S HICKORY STREET MELBOURNE FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD LAVANDIER, EDNA 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD JESSIE WHITEMAN 1350 S HICKORY STREET MELBOURNE FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GOOD, PHYLISS 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD RAY RITHAMEL 1350 S HICKORY STREET MELBOURNE FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD KELLY, FLORA 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FLORA KELLY 1350 S HICKORY STREET MELBOURNE FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD FETES, MARGE 1350 SOUTH HICKORY ST MELBOURNE, FL 32901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS MARGE FETES 1350 S HICKORY STREET MELBOURNE FL 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ROGERS, MARY 1350 SOUTH HICKORY ST MELBOURNE, FL 32901 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS SHIRLEY DUNTON 1350 S HICKORY STREET MELBOURNE FL 32901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| 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: <u>Flora J. Kelly</u> <u>FLORA J. KELLY</u> 4/6/07 321-434-8519 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>FLORA J. KELLY</u> Date Daytime Phone # | | | | | |