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NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

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Mar 10 1997 8:00am

Secretary of State

March 4, 1997

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710541

(4)

SARASOTA MEMORIAL HOSPITAL AUXILIARY, INC.

| enncipal Flaci | e or business | Mailing Address | | | | |
|--|--|--|---------------------------|--|--|---|
| 1700 S. TAMIAMI TRAIL SARASOTA FL 34239-3555 | | 1700 S. Tamiami trail Sarasota fl 342393508 3555 | | | | |
| | | • | | | 3. Date incorporated or Qualified 03/18/1966 | 3a. Date of Last Report 02/26/1996 |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 | | 26 | | 59-0755210 | Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | |
| City & State | | City & State | | | Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | |
| Zip ∷∃ | Country | Zip | Country | | 8. This corporation has liability for | |
| 25 29 29 9. Name and Address of Current Registered Agent | | | 4.5.5.4 | | Florida Statutes 10. Name and Address of New Re | Yes X No |
| | p. Name and Address of Outro | it fregretered Agent | | 1 Name | IV. Hallo and Addiess VI Hew He | Areteten willour |
| KENNEDY, LYNNE L | | | | | | |
| | TAMIAMI TRAIL | | 82 Street Address | | Address (P.O. Box Number is Not Acceptate | ole) |
| SARASOTA FL 84284 34239 | | | į. | 33 | | |
| ψ, u υ ι υ ι | | | | | | |
| | | | 10 | City | | FL 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 617,050 | 2 and 617.1508, Florida Statut | es, the abo | ove-named | corporation submits this statement for the p | ourpose of changing its registered |
| office or r agent I a | egistered agent, or both, in the State m familiar with, and accept the oblig- | eof Florida. Such change was a ations of, Section 617.0503, Flo | authorized orida Statu | by the corp tes. | poration's board of directors. I hereby accep | of the appointment as registered |
| SIGNATURE | | | | | | |
| Signature, typed or printed name of registered agen; and title if applicable. (NOTE: Registe | | | | Agent signature | e required when reinstating) | DATE |
| 12. | | D DIRECTORS DELETE | 13. | | ADDITIONS/CHANGES TO OFFICE | |
| TITLE | PD Kennedy, Lynne L | ☐ DELEGE | 1.1 TITE 1.2 NAM | | | Change Addition |
| NAME STOCET ADODESS | 1700 S TAMIMI TRAIL | | | | | |
| STREET ADDRESS | SARASOTA FL | | | EET ADDRESS | | |
| CITY-ST-ZIP TITLE | VD | DELETE 2: | | r-ST-ZIP | VD | Change Addition |
| NAME | SWANK, WILMA | | | 1E | DONALDSON, NORMA | N E CHANGE |
| STREET ADDRESS | 1700 S. TAMIAMI TRAIL | | | EET ADDRESS | DONALDSON, NORMA | TRA IL |
| CITY-ST-ZIP | SARASOTA FL | | | Y-ST-ZIP | SARASOTA FL | 34239 |
| TITLE | VD | ☐ DELETE | 3.1 TITL | | | Change Addition |
| NAME | Boaks, Jane | E 3 | | 1E | | |
| STREET ADDRESS | 1700 S. TAMIAMI TRAIL | | 3.3 STR | EET ADORESS | | |
| CITY-ST-ZIP | SARASOTA FL | | 3.4. CIT | Y-ST-ZIP | | |
| TIFLE | TD | DELETE | 4.1 1110 | E | | ☐ Change ☐ Addition |
| NAME | CHERNOFF, GERALD P | | 4. 2 NAI | | | |
| STREET ADDRESS | 1700 S. TAMIAMI TRAIL | | | EET ADDRESS | · Per | |
| CITY-ST-ZIP | SARASOTA FL | SAKASOTA FL TD DELETE | | r-ST-ZIP | | Charge T Avantage |
| TITLE | EMMERICH, HELEN | TAT DETELE | 5.1 TITU | | KOPP, JOHN A. | Change |
| NAME STREET ADDRESS | 1700 S. TAMIAMI TRAIL | | 5.2 NAN | | | RAIL |
| CITY-ST-ZIP | SARASOTA FL 34239 | | | EET ADDRESS | | 4239 |
| TITLE | SD | | 6.1 TITL | (+ST+ZIP E | 50 | Change Addition |
| NAME | ADAMS, THERESIA | · · · · · · · · · · · · · · · · · · · | | | FRITZ, PATRICIA | |
| STREET ADDRESS | 1700 S. TAMIAMI TRAIL | | | EET ADDRESS | 1700 S. TAMIAMI TRAIL | RAIL |
| CITY-S1-ZIP | SARASOTA FL | | | r-ST-ZIP | SARASOTA FL 34 | 239 |
| 14. I do heret | | | fy for the e | xemption s | stated in Section 119.07(3)(i), Florida Statute | s. I further certify that the |
| I am an o | fficer or director of the corporation or | r the receiver or trustee empow | vered to ex | curate and ecute this | d that my signature shall have the same lega report as required by Chapter 617, Florida S | ii errect as it made under oath; that Statutes; and that my name |
| appears i | n Block 12 or Block 13 if changed, o | r on an attachment with an add | dress. | | • | (941)-919- |