

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2007 8:00 am**  
**Secretary of State**

07-27-2007 90007 006 \*\*\*\*61.25

<b>DOCUMENT # 721162</b> 1. Entity Name <b>MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.</b>					
Principal Place of Business <b>1 HOSPITAL DRIVE P.O. BOX 9010 STUART, FL 34995-9010 US</b>			Mailing Address <b>P.O. BOX 9010 P.O. BOX 9010 STUART, FL 34995-9010 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>23-7115443</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZABLOCKI, RITA M 300 HOSPITAL AVENUE P.O. BOX 9010 STUART, FL 34995</b>			7. Name and Address of New Registered Agent Name <b>Nancy Goldthwaite</b> Street Address (P.O. Box Number is Not Acceptable) <b>1669 SW Dyer Pt. Rd.</b> <b>Palm City, FL 34990</b> City <b>Palm City, FL</b> Zip Code <b>FL 34990</b>		
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 <b>Nancy Goldthwaite Nancy O Goldthwaite</b> <b>7-24-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>LEMKE, JOAN E</b> <b>1007 KITCHENS COPE LN</b> <b>PORT SAINT LUCIE, FL 34952</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRESIDENT</b> <b>LEMKE, JOAN E</b> <b>1007 SE KITCHING COVE LANE</b> <b>PORT ST. LUCIE, FL 34952</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE <b>KEMP, EVA A</b> <b>3381 DIAMOND HILL TERR</b> <b>HOBE SOUND, FL 33455</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PRESIDENT-ELECT</b> <b>KEMP, EVA A</b> <b>7940 HERITAGE BLVD</b> <b>HOBE SOUND, FL 33455-</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>ZABLOCKI, RITA M</b> <b>395 SE CARDINAL TRAIL</b> <b>STUART, FL 34997</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TREASURER</b> <b>NANCY GOLDTHWAITE, NANCY</b> <b>1669 SW DYER PT ROAD</b> <b>PALM CITY, FL 34990</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>NOVAK, STEPHEN N</b> <b>3744 NW PINE OAK DR</b> <b>JENSEN BEACH, FL 34957</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VICE-PRESIDENT</b> <b>BUSH, CLINTON</b> <b>4855 SW LOCH LANE</b> <b>PALM CITY FL 34990</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>BERNHARDT, ALICE</b> <b>9304 SE HAWKS NEST CT</b> <b>HOBE SOUND, FL 33455</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SECRETARY</b> <b>GUERARD, SHELLEY</b> <b>104 ABBIE COURT</b> <b>SEWALLS POINT, FL 34996</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>PITTS, BARBARA</b> <b>1951 SW YORK LN</b> <b>PALM CITY, FL 34990</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <b>Nancy O Goldthwaite</b> <b>7-24-07</b> <b>772-287-5200</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					