

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721162

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.

**Current Principal Place of Business:**

200 HOSPITAL DRIVE  
STUART, FL 349959010 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9010  
P.O. BOX 9010  
STUART, FL 349959010 US

**New Mailing Address:**

**FEI Number:** 23-7115443

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDTHWAITE, NANCY D  
200 HOSPITAL AVE  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KEMP, EVA A  
Address: 7942 HERITAGE BLVD  
City-St-Zip: HOBE SOUND, FL 33455

Title: PE ( ) Delete  
Name: GUERARD, SHELLY  
Address: 540 S.E. ST LUCIE BLVD  
City-St-Zip: STUART, FL 34996

Title: T ( ) Delete  
Name: GOLDTHWAITE, NANCY  
Address: 1669 SW DYER PT RD  
City-St-Zip: PALM CITY, FL 34990

Title: V ( ) Delete  
Name: MYERS, MIKE  
Address: 1860 PALM CITY ROAD  
City-St-Zip: STUART, FL 34994

Title: S ( ) Delete  
Name: LEMKE, JOAN  
Address: L007 KITCHING COVE LANE  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: SD ( ) Delete  
Name: PITTS, BARBARA  
Address: 1951 SW YORK LN  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: SUNDQUIST, EMILY  
Address: 6364 SE IRONWOOD CIRCLE  
City-St-Zip: STUART, FL 34997

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY GOLDTHWAITE

T

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date