

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724553

FILED
Mar 30, 2009
Secretary of State

Entity Name: IMPERIAL POINT HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

6401 N. FEDERAL HWY
FT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

6401 N. FEDERAL HWY
FT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 59-1844069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, ELDEN J
IMPERIAL POINT HOSPITAL AUX.
6401 N. FEDERAL HWY
FORT LAUDERDALE, FL 33308 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: SD () Delete
Name: KEEGEN, JOCELYN
Address: 278 SE 4TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD () Delete
Name: JOHNSON, ELDEN
Address: 106 LAKE EMERALD DRIVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: PD () Delete
Name: INGLIS, LUARA
Address: 3472 NE 18TH AVE
City-St-Zip: OAKLAND PARK, FL 33306

Title: VP () Delete
Name: HERTAN, RICHARD L
Address: 2864 NE 26TH ST.
City-St-Zip: FORT LAUDERDALE, FL 33305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KEEGEN, JOCELYN MRS
Address: 278 SE 4TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: TD (X) Change () Addition
Name: JOHNSON, ELDEN MR
Address: 106 LAKE EMERALD DRIVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: VD (X) Change () Addition
Name: ELDEN, JOHNSON MR
Address: 106 LAKE EMERALD DRIVE
City-St-Zip: OAKLAND PARK, FL 33309

Title: SD (X) Change () Addition
Name: HERTAN, RICHARD L MR.
Address: 2864 NE 26TH ST.
City-St-Zip: FORT LAUDERDALE, FL 33305

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: JOCELYN B. KEEGAN

PRES

03/30/2009

Electronic Signature of Signing Officer or Director

Date