# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 25, 2004 8:00 am**
**Secretary of State**
03-04-2004 90010 029 ****61.25

DOCUMENT # 729574

1. Entity Name

SOUTHWEST FLORIDA REGIONAL MEDICAL CENTER AUXILIARY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2727 WINKLER AVE.<br>FORT MYERS FL 33901 | 2727 WINKLER AVE.<br>FORT MYERS FL 33901 |

MOORE CR2E037 (11/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1736762 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| THOMAS, LORETTA<br>2727 WINKLER AVE<br>FORT MYERS FL 33901 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Loretta Thomas DIRECTOR of Volunteers 2/12/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25, Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | PD | ☒ Delete | Betty Hutchinson PRESIDENT ☐ Change ☒ Addition |
| NAME | MILLER, BARBARA | | |
| STREET ADDRESS | 1624 PINE VALLEY DRIVE | | 1 Kelp St. |
| CITY-ST-ZIP | FT MYERS FL | | Alva, FL. 33920 |
| TITLE | CS | ☒ Delete | Lorine Weiss CORRESPONDING SECRETARY ☐ Change ☒ Addition |
| NAME | GILLETTE, MAXINE | | |
| STREET ADDRESS | 7940 GLENFINNAN CIR | | 4811 Anchorage |
| CITY-ST-ZIP | FORT MYERS FL 33912 | | FT. Myers, FL. 33912 |
| TITLE | TD TREASURER | ☐ Delete | ☐ Change ☐ Addition |
| NAME | ELKIN, NANCY | | |
| STREET ADDRESS | 5989 PARK RD., S.W. | | |
| CITY-ST-ZIP | FT MYERS FL | | |
| TITLE | VP | ☒ Delete | Joan Newman 1st VICE PRESIDENT ☐ Change ☒ Addition |
| NAME | SHEU, SHIRLEY | | |
| STREET ADDRESS | 546 BRUCE CIR | | 15091 Bagpipe Way, #D101 |
| CITY-ST-ZIP | FT MYERS FL 33919 | | FT. Myers, FL. 33912 |
| TITLE | RS | ☒ Delete | Betty Nottling RECORDING SECRETARY ☒ Addition |
| NAME | NEWMAN, JOAN | | |
| STREET ADDRESS | 15091 BAGPIPRE WAY #D101 | | 833 Porter St. E |
| CITY-ST-ZIP | FT MYERS FL 33912 | | LeHigh Acres, FL. 33936 |
| TITLE | | ☐ Delete | ☐ Change ☐ Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Betty Hutchinson PRESIDENT 2/12/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #