

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90206 030 ****61.25



DOCUMENT # 729574

1. Entity Name

**SOUTHWEST FLORIDA REGIONAL MEDICAL CENTER
 AUXILIARY, INC.**

Principal Place of Business

Mailing Address

2727 WINKLER AVE.
 FORT MYERS FL 33901

2727 WINKLER AVE.
 FORT MYERS FL 33901



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-1736762

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MCREYNOLD, MICHAEL
 2727 WINKLER AVE
 FORT MYERS FL 33901**

Name

SUSAN CROWE

Street Address (P.O. Box Number is Not Acceptable)

2727 WINKLER AVE.

City

FT. MYERS

FL

Zip Code

33901

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

NANCY ELKIN

Nancy B. Elkin

4/17/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering.)

DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2007**

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: P Delete
 NAME: HUTCHINSON, BETTY
 STREET ADDRESS: 1 KELP ST
 CITY-STATE-ZIP: ALVA FL 33920

TITLE: Change Addition
 NAME: JOAN NEWMAN
 STREET ADDRESS: 15091 BAGPIPEWAY #D101
 CITY-STATE-ZIP: FT. MYERS, FL 33912

TITLE: CS Delete
 NAME: WEISS, LORINE
 STREET ADDRESS: 4811 ANCHORAGE
 CITY-STATE-ZIP: FORT MYERS FL 33912

TITLE: Change Addition
 NAME: CAROL JOHNSON
 STREET ADDRESS: 12804 REDLESTON CIRCLE
 CITY-STATE-ZIP: FT. MYERS, FL 33912

TITLE: TD Delete
 NAME: ELKIN, NANCY
 STREET ADDRESS: 5989 PARK RD., S.W.
 CITY-STATE-ZIP: FT MYERS FL

TITLE: Change Addition

TITLE: 1V Delete
 NAME: NEWMAN, JOAN
 STREET ADDRESS: 15091 BAGPIPE WAY # D101
 CITY-STATE-ZIP: FORT MYERS FL 33912

TITLE: Change Addition
 NAME: BETTY NORTON
 STREET ADDRESS: 8421 SOUTHBRIDGE DR. APT. A
 CITY-STATE-ZIP: FT. MYERS, FL 33967

TITLE: RS Delete
 NAME: MORAN, JEAN
 STREET ADDRESS: 17633 CAPTIVA ISLAND LN
 CITY-STATE-ZIP: FORT MYERS FL 33908

TITLE: Change Addition
 NAME: ANNA GOLL SONDERMAN
 STREET ADDRESS: 2786 ORLEANS ST.
 CITY-STATE-ZIP: FT. MYERS, FL 33917

TITLE: 2V Delete
 NAME: MILLER, BARBARA
 STREET ADDRESS: 1624 PINE VALLEY DRIVE, # 113
 CITY-STATE-ZIP: FORT MYERS FL 33907

TITLE: Change Addition
 NAME: JEAN MORAN
 STREET ADDRESS: 17633 CAPTIVA ISLAND LN
 CITY-STATE-ZIP: FT. MYERS, FL 33908

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Nancy B. Elkin NANCY B. ELKIN

4/17/07

Date

239-999-8636

Daytime Phone #