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Apr 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northcutt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730136 (9)

1. Corporation Name

FORT WALTON BEACH MEDICAL CENTER AUXILIARY, INC.

COLUMBIA FORT WALTON BEACH MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business

Mailing Address

1000 MAR WALT DR.
FT. WALTON BEACH FL 32547-67081000 MAR WALT DR.
FT. WALTON BEACH FL 32547-6708700002152957
-04/24/97--01001--020

3. Date Registered or Qualified 07/05/1974 3a. Date of Last Report 01/29/1996

4. FEI Number 23-7412360 Applied For ☒ Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHAPMAN, ANDREW
809 HOLBROOK CIRLCE
FT. WALTON BEACH FL 3254781 Name Frances Connolly
82 Street Address (P.O. Box Number is Not Acceptable) 611 Russell Drive
83

84 City Ft. Walton Beach, FL 85 Zip Code 32547

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Frances Connolly (FRANCES CONNOLLY) Jan 28 1997
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME MARKS, SUSAN
STREET ADDRESS 809 BLVD. OF CHAMPIONS
CITY-ST-ZIP SHALIMAR FL11 TITLE PD ☒ Change ☐ Addition
12 NAME Connolly, Frances
13 STREET ADDRESS 611 Russell Drive
14 CITY-ST-ZIP Ft. Walton Beh., Fla. 32547TITLE VD ☒ DELETE
NAME CONNOLLY, FRANCES
STREET ADDRESS 611 RUSSELL DRIVE
CITY-ST-ZIP FT. WALTON BEACH FL21 TITLE VD ☒ Change ☐ Addition
22 NAME Elizabeth Lewis
23 STREET ADDRESS 335 Woodham Ct.
24 CITY-ST-ZIP Ft. Walton Beh., Fla. 32547TITLE VD ☒ DELETE
NAME NEIMEYER, TIM
STREET ADDRESS 532 PARKVIEW ROAD, #2
CITY-ST-ZIP FT. WALTON BEACH FL31 TITLE VD ☒ Change ☐ Addition
32 NAME Truax, Margaret
33 STREET ADDRESS 84 Poquito Road
34 CITY-ST-ZIP Shalimar, Fla. 32579TITLE RSD ☐ DELETE
NAME HERRING, MARIECE
STREET ADDRESS 108 LOIZOS DRIVE
CITY-ST-ZIP FT. WALTON BEACH FL41 TITLE ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIPTITLE CSD ☒ DELETE
NAME CROT, IRENE
STREET ADDRESS 633 PELICAN
CITY-ST-ZIP FT. WALTON BEACH FL51 TITLE CSD ☒ Change ☐ Addition
52 NAME Thorn, Maggie
53 STREET ADDRESS 336 Holmes Blvd. NW
54 CITY-ST-ZIP Ft. Walton Beh., Fla. 32548TITLE TD ☐ DELETE
NAME WEBSTER, RITA
STREET ADDRESS 222 MARSHALL DR NE
CITY-ST-ZIP FT. WALTON BEACH FL 3254761 TITLE No Change ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frances Connolly (FRANCES CONNOLLY) Jan 28, 1997 (904) 868-4509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00738827

CR2E037 (9/96)