


2-5-98 B-1515 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **730136** (9)  
1. Corporation Name  
**COLUMBIA FORT WALTON BEACH MEDICAL CENTER AUXILIARY, INC.**

Principal Place of Business <b>1000 MAR WALT DR. FT. WALTON BEACH FL 32547-6708</b>	Mailing Address <b>1000 MAR WALT DR. FT. WALTON BEACH FL 32547-6708</b>
--	--



3. Date Incorporated or Qualified <b>07/05/1974</b>	4. FEI Number <b>23-7412360</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
--	------------------------------------	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CONNOLLY, FRANCES  
611 RUSSELL DRIVE  
FT. WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent  
81 Name **Elizabeth P. Lewis**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**335 Woodham Court**  
83  
84 City **Fort 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 *Elizabeth P. Lewis* **Elizabeth P. Lewis, President** **Jan 14, 1998**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	<b>CONNOLLY, FRANCES</b>
STREET ADDRESS	<b>611 RUSSELL DRIVE</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL 32547</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	<b>LEWIS, ELIZABETH</b>
STREET ADDRESS	<b>335 WOODHAM CT.</b>
CITY-ST-ZIP	<b>FT. WALTON VCH., FL 32547</b>
TITLE	VD <input type="checkbox"/> DELETE
NAME	<b>TRUAX, MARGARET</b>
STREET ADDRESS	<b>84 POQUITO ROAD</b>
CITY-ST-ZIP	<b>SHALIMAR FL 32579</b>
TITLE	RSD <input checked="" type="checkbox"/> DELETE
NAME	<b>HERRING, MARIECE</b>
STREET ADDRESS	<b>108 LOIZOS DRIVE</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL</b>
TITLE	CSD <input type="checkbox"/> DELETE
NAME	<b>THORN, MAGGIE</b>
STREET ADDRESS	<b>336 HOLMES BLVD. NW</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL 32548</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	<b>WEBSTER, RITA</b>
STREET ADDRESS	<b>222 MARSHALL DR NE</b>
CITY-ST-ZIP	<b>FT. WALTON BEACH FL 32547</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Elizabeth P. Lewis</b>
1.3 STREET ADDRESS	<b>335 Woodham Court</b>
1.4 CITY-ST-ZIP	<b>Ft. Walton Beach, FL 32547</b>
2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kathy Dowling</b>
2.3 STREET ADDRESS	<b>228 Santa Rosa Street</b>
2.4 CITY-ST-ZIP	<b>Ft. Walton Beach, FL 32548</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	RSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Betty J. Neill</b>
4.3 STREET ADDRESS	<b>128 Country Club Road</b>
4.4 CITY-ST-ZIP	<b>Shalimar, FL 32579</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>John C. Marshall</b>
6.3 STREET ADDRESS	<b>36 Walnut Ave.</b>
6.4 CITY-ST-ZIP	<b>Shalimar, FL 32579</b>

14. 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 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 *Elizabeth P. Lewis* **Elizabeth P. Lewis** **Jan 14, 1998** (950) 912-1111 Bx 121

CR2E037 (10/97)