

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90089 036 ****61.25

DOCUMENT # 730136

1. Corporation Name

COLUMBIA FORT WALTON BEACH MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business

1000 MAR WALT DR.
FT. WALTON BEACH FL 32547-6708

Mailing Address

1000 MAR WALT DR.
FT. WALTON BEACH FL 32547-6708



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/05/1974

4. FEI Number

23-7412360

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LEWIS, ELIZABETH P
335 WOODHAM CT
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 617.0502, Florida Statutes.

SIGNATURE PD ELIZABETH P. LEWIS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 28, 1999

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME PD
STREET ADDRESS LEWIS, ELIZABETH P
CITY-ST-ZIP 335 WOODHAM CT
FT. WALTON BEACH FL 32547

TITLE ☒ DELETE
NAME VD
STREET ADDRESS DOWLING, KATHY
CITY-ST-ZIP 228 SANTA ROSA ST
FT. WALTON VCH., FL 32548

TITLE ☒ DELETE
NAME VD
STREET ADDRESS TRUAX, MARGARET
CITY-ST-ZIP 84 POQUITO ROAD
SHALIMAR FL 32579

TITLE ☒ DELETE
NAME RSD
STREET ADDRESS NEILL, BETTY J
CITY-ST-ZIP 128 COUNTRY CLUB RD
SHALIMAR FL 32579

TITLE ☒ DELETE
NAME CSD
STREET ADDRESS THORN, MAGGIE
CITY-ST-ZIP 336 HOLMES BLVD. NW
FT. WALTON BEACH FL 32548

TITLE ☒ DELETE
NAME TD
STREET ADDRESS MARSHALL, JOHN C
CITY-ST-ZIP 36 WALMUNT AVE
SHALIMAR FL 32579

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VD
2.3 STREET ADDRESS NEILL, BETTY J
2.4 CITY-ST-ZIP 128 COUNTRY CLUB RD
SHALIMAR, FL 32579

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VD
3.3 STREET ADDRESS ROGERS, BARBARA
3.4 CITY-ST-ZIP 585 FAIRWAY CT
FT. WALTON BCH., FL 32547

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME RSD
4.3 STREET ADDRESS SMITH, MARY
4.4 CITY-ST-ZIP 97 12TH AVENUE
SHALIMAR, FL 32579

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME CSD
5.3 STREET ADDRESS WEBSTER, RITA
5.4 CITY-ST-ZIP 222 MARSHALL NE
FT. WALTON BCH., FL 32547

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME TD
6.3 STREET ADDRESS HUELS, RUTH
6.4 CITY-ST-ZIP 318 SMITH DR.
FT. WALTON BCH., FL 32548

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, with all other like empowered.

SIGNATURE:

Elizabeth P. Lewis
ELIZABETH P. LEWIS

Date

Daytime Phone #

Jan 28, 1999

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