

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90048 024 \*\*\*\*61.25

**DOCUMENT # 730136**

1. Entity Name

**FORT WALTON BEACH MEDICAL CENTER AUXILIARY, INC.**

Principal Place of Business

Mailing Address

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

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

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

**23-7412360**  
**APPLIED FOR**

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

Name

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

City

**FL**

Zip Code

**NEILL, BETTY J**  
**128 COUNTRY CLUB ROAD**  
**SHALIMAR FL 32579**

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.

SIGNATURE

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**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**NEILL, BETTY J**  
**128 COUNTRY CLUB RD.**  
**SHALIMAR FL 32579**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**ROSEN, ELIZABETH**  
**3 FALCON RIDGE LANE**  
**FORT WALTON BEACH FL 32547**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**HODGES, PAT**  
**101 HANDS COVE LANE**  
**SHALIMAR FL 32579**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**LINA HEAVENER**  
**312 GARDNER DRIVE**  
**FORT WALTON BEACH, FL.**  
**32548**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**RSD**  
**GUY, DUTCHIE**  
**2089 BELLA BREEZE CT.**  
**NAVARRE FL 32566**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**RSD**  
**Lillian K. LEWIS**  
**809 OVERBROOK DR.**  
**FORT WALTON BEACH, FL.**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**CSD**  
**SEAGRAVE, HELEN**  
**58 JONQUILL AVE.**  
**FORT WALTON BEACH FL 32548**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**WEBSTER, RITA**  
**222 MARSHALL DR., N.E.**  
**FORT WALTON BEACH FL 32547**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**MARIAN NEVILLE**  
**43 SOLAR ST.**  
**MARY ESTHER, FL. 32569**

☒ Change ☐ Addition

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:

**MARIAN NEVILLE**  
*Marian Neville*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-29-2002**

**850-581-2778**

CR2E037 (9/01)

Attachment 22680  
Document #  
730136

April 3, 2002

To Whom this may Concern:

You returned our 2002 Uniform Business Report  
for our FEI number. Sorry, but this is my first year as  
Treasurer of our Auxiliary, and I have a lot to learn.

The number is 23-7412360

Marian Neville  
43 Solar Street  
Mary Esther, Fl. 32569  
Phone- 850-581-2778