

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90152 047 ****61.25

DOCUMENT # 730136

1. Entity Name

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7412360**

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

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

Name

Elizabeth J. Rosen

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

3 Falcon Ridge Lane

Ft. Walton Beach, Fl. 32547

City

FL

Zip Code

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

Elizabeth J. Rosen

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** ☒ Change ☐ Addition
NAME **Elizabeth J. Rosen**
STREET ADDRESS **3 Falcon Ridge Lane**
CITY-ST-ZIP **Fort Walton Beach, Fl. 32547**

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

TITLE **VD** ☒ Change ☐ Addition
NAME **Carol Koch**
STREET ADDRESS **260 Kidd Street**
CITY-ST-ZIP **Ft. Walton Beach, Fl. 32548**

TITLE **VD** ☒ Delete
NAME **HEAVENER, UNA**
STREET ADDRESS **312 GARDNER DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 52348**

TITLE **VD** ☒ Change ☐ Addition
NAME **Patricia Seip**
STREET ADDRESS **121 Nebraska Ave.**
CITY-ST-ZIP **Ft. Walton Beach, Fl. 32548**

TITLE **RD** ☒ Delete
NAME **LEWIS, LILLIAN K**
STREET ADDRESS **800 OVERBROOK DRIVE**
CITY-ST-ZIP **FORT WALTON BEACH FL 32348**

TITLE **RD** ☒ Change ☐ Addition
NAME **Florence Smith**
STREET ADDRESS **P.O. Box 1013**
CITY-ST-ZIP **Ft. Walton Beach, Fl. 32549**

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

TITLE **CSD** ☒ Change ☐ Addition
NAME **Gloria Surrence**
STREET ADDRESS **415 Pristine Water Lane**
CITY-ST-ZIP **Mary Esther, Fl. 32569**

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

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

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 life empowered.

SIGNATURE:

MARIAN NEVILLE
Marian Neville

1-21-2003 850-981-2778

CR2E037 (10/02)