

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90208 012 ****61.25

DOCUMENT # 730729

1. Corporation Name

LUCERNE MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business

818 S. MAIN LANE
ORLANDO FL 32801

Mailing Address

818 S. MAIN LANE
ORLANDO FL 32801



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/19/1974

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

51-0172205

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GERENT, LILLIAN
12 COOLEGE STREET
WINTER GARDEN FL 34787

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HANSHAW, REBA
STREET ADDRESS 818 MAIN LANE
CITY-ST-ZIP ORLANDO FL

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

TITLE TD ☐ DELETE
NAME GERENT, LILLIAN C
STREET ADDRESS 12 COOLEGE ST.
CITY-ST-ZIP WINTER GARDEN FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME JOHNSON, FERN
STREET ADDRESS 818 MAIN LANE
CITY-ST-ZIP ORLANDO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE
NAME ROBINSON, DORIS
STREET ADDRESS 818 MAIN LN
CITY-ST-ZIP ORLANDO FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE CSD ☐ DELETE
NAME RHINER, VIVIAN
STREET ADDRESS 818 MAIN LANE
CITY-ST-ZIP ORLANDO FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ATD ☐ DELETE
NAME KERSH, CAROL
STREET ADDRESS 818 MAIN LANE
CITY-ST-ZIP ORLANDO FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *Lillian C Gerent* RE: *LILLIAN C. GERENT* 4-28-99 (407) 656-1665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)