

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731133

FILED
Jan 08, 2009
Secretary of State

Entity Name: ORANGE PARK MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

2001 KINGSLEY AVENUE
PO BOX 2000
ORANGE PARK, FL 32073

New Principal Place of Business:

2001 KINGSLEY AVENUE
ORANGE PARK, FL 32073

Current Mailing Address:

2001 KINGSLEY AVENUE
PO BOX 2000
ORANGE PARK, FL 32073

New Mailing Address:

2001 KINGSLEY AVE.
ORANGE PARK, FL 32073

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOPELOUSOS, JOHN ESQ.
1279 KINGSLEY AVE., SUITE 118
ORANGE PARK FLORIDA, FL 32073 US

Name and Address of New Registered Agent:

KOPELOUSOS, JOHN ESQ.
2001 KINGSLEY AV.
ORANGE PARK, FL 32073 US

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: _____

Electronic Signature of Registered Agent

01/08/2009

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JANSSEN, MARGARET
Address: 919 RIDGEWOOD CT
City-St-Zip: ORANGE PARK, FL 32065

Title: 1V () Delete
Name: HEINRICHER, JANE
Address: 1747 OAK GROVE CIR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: 2V () Delete
Name: WATSON, EDE
Address: 5436 MORSE AVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: KLOTTER, MARQUERITE
Address: 1523 IRISH WOOD CT
City-St-Zip: MIDDLEBURG, FL 32068

Title: S () Delete
Name: BATTISTI, LOIS
Address: 622 HAWKES IS. DR.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MC LANE-CARTER, BEULAH
Address: 334 OLD JENNINGS ROAD
City-St-Zip: ORANGE PARK, FL 32065

Title: PE (X) Change () Addition
Name: HEINRICHER, JANE
Address: 1747 OAK GROVE CIR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: 1V (X) Change () Addition
Name: WATSON, EDE
Address: 5436 MORSE AVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BATTISTI, LOIS
Address: 622 HAWKES IS. DR.
City-St-Zip: FLEMING ISLAND, FL 32003

Title: CS () Change (X) Addition
Name: MUSIELAK, HELEN
Address: 1539 LEEESTAN COURT
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGUERITE KLOTTER

Electronic Signature of Signing Officer or Director

TREA

01/08/2009

Date