

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731211 (9)

1. Corporation Name

FORT WALTON BEACH HOSPITAL AUXILIARY, INC.

Principal Place of Business

Mailing Address

FT. WALTON BCH. HOSPITAL AUXILIARY, INC.  
LBJ SR. DRIVE  
FORT WALTON BEACH FL 32548

FT. WALTON BCH. HOSPITAL AUXILIARY, INC.  
LBJ SR. DRIVE  
FORT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1974

3a. Date of Last Report

07/18/1994

4. FEI Number

56-1037304

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANCHORS, C. LEDON  
82 EGLIN PARKWAY  
FORT WALTON BEACH FL 32548

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 607.0502 and 607.1508, 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 607.0505, 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          | PO                      |
| NAME           | NESSBITT, ODELL         |
| STREET ADDRESS | 168 RAINBOW DR.         |
| CITY- ST- ZIP  | FT. WALTON BEACH FL     |
| TITLE          | VO                      |
| NAME           | BAZZELL, HELEN          |
| STREET ADDRESS | 421 PELHAM ROAD         |
| CITY- ST- ZIP  | FT WALTON BCH FL        |
| TITLE          | S                       |
| NAME           | ROSENHEIM, JEAN         |
| STREET ADDRESS | 61 YACHT CLUB DR APT. 3 |
| CITY- ST- ZIP  | FT WALTON BEACH FL      |
| TITLE          | STD                     |
| NAME           | ROSENHEIM, JEAN         |
| STREET ADDRESS | 61 YACHT CLUB DR        |
| CITY- ST- ZIP  | FT WALTON BEACH FL      |
| TITLE          | D                       |
| NAME           | BAZZELL, HELEN          |
| STREET ADDRESS | 421 PELHAM RD           |
| CITY- ST- ZIP  | FT WALTON BEACH FL      |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY- ST- ZIP  |                         |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY- ST- ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY- ST- ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY- ST- ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY- ST- ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY- ST- ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY- ST- ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Jean Rosenheim*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/13/95 (904) 243-4916  
Date Daytime Phone #