

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified **11/20/1974** 3a. Date of Last Report **04/19/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Anchors, C. Ledon**
82 Street Address (P.O. Box Number is Not Acceptable) **909 Mar Walt Drive Suite 101A**
83
84 City **Fort Walton Beach** FL 85 Zip Code **32547-6711**

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

(NOTE: Registered Agent signature required when re-instating)

DATE **4/11/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NESBITT, ODELL <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD Bazzell, Helen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	168 RAINBOW DR.	1.2 NAME	421 Pelham Road
STREET ADDRESS	FT. WALTON BEACH FL	1.3 STREET ADDRESS	Fort Walton Beach, Fl
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD BAZZELL, HELEN <input type="checkbox"/> DELETE	2.1 TITLE	VD Hall, Helen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	421 PELHAM ROAD	2.2 NAME	369 Gardner Dr.
STREET ADDRESS	FT WALTON BCH FL	2.3 STREET ADDRESS	Fort Walton Beach, FL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S ROSENHEIM, JEAN <input type="checkbox"/> DELETE	3.1 TITLE	S Nicks, Vivian <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	61 YACHT CLUB DR APT. 3	3.2 NAME	40 Windham Ave. Apt. 206 S.E.
STREET ADDRESS	FT WALTON BEACH FL	3.3 STREET ADDRESS	Fort Walton Beach, FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	STD ROSENHEIM, JEAN <input type="checkbox"/> DELETE	4.1 TITLE	TD Rosenheim, Jean <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	61 YACHT CLUB DR	4.2 NAME	61 Yacht Club Dr. Apt. 3
STREET ADDRESS	FT WALTON BEACH FL	4.3 STREET ADDRESS	Fort Walton Beach, FL
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BAZZELL, HELEN <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	421 PELHAM RD	5.2 NAME	
STREET ADDRESS	FT WALTON BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **April 11, 1996 (904) 243-4916**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)