


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/20/1974	3a. Date of Last Report 04/18/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 56-1037304	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANCHORS, C. LEDON
909 MAR WALT DRIVE SUITE 1014
FT WALTON BEACH FL 32547

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAZELL, HELEN	1.2 NAME	
STREET ADDRESS	421 PELHAM ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAZZELL, HELEN	2.2 NAME	
STREET ADDRESS	421 PELHAM ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	2.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENHEIM, JEAN	3.2 NAME	S. Nicks, Vivian
STREET ADDRESS	61 YACHT CLUB DR APT. 3	3.3 STREET ADDRESS	40 Whindon Ave Apt. 206 S.E
CITY-ST-ZIP	FT WALTON BEACH FL	3.4 CITY-ST-ZIP	Fort Walton Beach, FL 32548
TITLE	STD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENHEIM, JEAN	4.2 NAME	TD Heckroth, Betty
STREET ADDRESS	61 YACHT CLUB DR	4.3 STREET ADDRESS	225 Thersea Ct.
CITY-ST-ZIP	FT WALTON BEACH FL	4.4 CITY-ST-ZIP	Fort Walton Beach, FL 32548
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAZZELL, HELEN	5.2 NAME	
STREET ADDRESS	421 PELHAM RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, HELEN	6.2 NAME	
STREET ADDRESS	389 GARDNER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE

SIGNATURE REQUIRED

M. B. F. OR 350 8/25/97

CR2E037 (4/97)