


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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



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 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	11/20/1974	
4. FEI Number	56-1037304	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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

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

10. Name and Address of New Registered Agent

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	FD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAZELL, HELEN	1.2 NAME	Helen L. Hall
STREET ADDRESS	421 PELHAM ROAD	1.3 STREET ADDRESS	369 Gardner Dr. NE
CITY-ST-ZIP	FT WALTON BEACH FL	1.4 CITY-ST-ZIP	Ft. Walton Bch. FL 32548
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKS, VIVIAN	2.2 NAME	
STREET ADDRESS	40 WHINDON AVE., SPT 206 S.E	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECKROTH, BETTY	3.2 NAME	
STREET ADDRESS	225 THERESA CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAZZELL, HELEN	4.2 NAME	
STREET ADDRESS	421 PELHAM RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, HELEN	5.2 NAME	Irene Cooper
STREET ADDRESS	369 GARDNER DR	5.3 STREET ADDRESS	4 B Viking Dr.
CITY-ST-ZIP	FT WALTON BEACH FL	5.4 CITY-ST-ZIP	Ft. Walton Bch. FL.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

*Betty Heckroth* **REQUIRED**

Jan 20, 1998 850 8625025

CR2E037 (10/97)