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**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90132 012 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 731211**

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**11/20/1974**

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

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
**HELEN L. HALL**  
**369 GARDNER DR NE**  
**FT WALTON BEACH FL 32548**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S  
**NICKS, VIVIAN**  
**40 WHINDON AVE., SPT 206 S.E**  
**FT WALTON BEACH FL**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD  
**HECKROTH, BETTY**  
**225 THERESA CT**  
**FT WALTON BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
**BAZZELL, HELEN**  
**421 PELHAM RD**  
**FT WALTON BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD  
**IRENE COOPER**  
**4 B VIKING DR**  
**FT WALTON BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

**Barbara J. Harkins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-26-99**

Date

**85086250**

Daytime Phone #

CR2E037 (11/98)