

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90002 004 ****61.25

0090330

DOCUMENT # 731211

1. Entity Name

FORT WALTON BEACH HOSPITAL AUXILIARY, INC.

Principal Place of Business

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

Mailing Address

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

A0006597



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

56-1037304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HELEN L HALL	
STREET ADDRESS	369 GARDNER DR NE	
CITY-ST-ZIP	FT WALTON BEACH FL 32548	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CARTER, MERLE	
STREET ADDRESS	804 BRADFORD DR	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HECKROTH, BETTY	
STREET ADDRESS	225 THERESA CT	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAZZELL, HELEN	
STREET ADDRESS	421 PELHAM RD	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	IRENE COOPER	
STREET ADDRESS	4 B VIKING DR	
CITY-ST-ZIP	FT WALTON BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRENE COOPER	
STREET ADDRESS	4 B VIKING DR.	
CITY-ST-ZIP	FT. WALTON Bch. FL 32458	
TITLE	V. D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHERYN ELLIS	
STREET ADDRESS	390 YANCY ST	
CITY-ST-ZIP	FT. WALTON Bch. FL. 32547	
TITLE	S. D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAN ELLIS	
STREET ADDRESS	11 CHALSA DR	
CITY-ST-ZIP	FT. WALTON Bch. FL. 32547	
TITLE	T. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELEN E. BAZZELL	
STREET ADDRESS	421 Pelham Rd.	
CITY-ST-ZIP	FT. WALTON Bch. FL. 32547	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ST. Helen E. Bazzell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 9-01 850-862-2051

Date

Daytime Phone #

CR2E037 (10/00)