


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90014 034 ****61.25

DOCUMENT # 731490 1. Entity Name COLUMBIA BLAKE MEDICAL CENTER AUXILIARY, INC.					
Principal Place of Business BLAKE MEDICAL CENTER 2020 59TH ST. W. BRADENTON, FL 34209			Mailing Address 2020 59TH ST. W. BRADENTON, FL 34209		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01142008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1623806	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARRISH, PRICILLA L. 2020 59TH ST. W. BRADENTON, FL 34209				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, SUE		NAME	Johnson, Judy	
STREET ADDRESS	6427 HERITAGE LANE		STREET ADDRESS	1305 58th St. W.	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENNIE, MAJORIE		NAME		
STREET ADDRESS	5517 10TH AVE DR WEST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, JUDITH		NAME		
STREET ADDRESS	8803 53RD AVE W		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAYNE, LUCILLE		NAME	Theurer, Ann	
STREET ADDRESS	6406 HERITAGE LN WEST		STREET ADDRESS	4811 21st Ave. W.	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	Bradenton, FL 34209	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLRIDGE, JAN		NAME	Fullridge, JAN	
STREET ADDRESS	7301 29TH AVE DR WEST #4-202		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEVELAND, JUDY		NAME	Theurer, Walter	
STREET ADDRESS	6904 44TH AVE W 188		STREET ADDRESS	4811 21st Ave. W	
CITY-ST-ZIP	BRADENTON, FL 34209		CITY-ST-ZIP	Bradenton, FL 34209	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Judith K. Cook</u> (Judith K. Cook)			Jan. 29, 2008 941-761-9233		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		