

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734489 (8)

1. Corporation Name

THE CAPE CORAL HOSPITAL AUXILIARY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 150010
CAPE CORAL FL 33915
US

P.O. BOX 150010
CAPE CORAL FL 33915
US

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

9. Name and Address of Current Registered Agent

MCCURDY, ROBERT C ESQ.
LEE MEMORIAL HEALTH SYSTEM
2780 CLEVELAND AVE., STE. 459
FT. MYERS FL 33902

3. Date Incorporated or Qualified

12/01/1975

4. FEI Number

59-1647870

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

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	DELETE
SD	SULLIVAN, CABMAELA	4228 S.E. 1ST PLACE	CAPE CORAL FL	<input checked="" type="checkbox"/>
VP	DALLAS, JOANNE	508 S.E. 8TH TERRACE	CAPE CORAL FL	<input type="checkbox"/>
VD	SMITH, PAT	2212 SE 28TH ST	CAPE CORAL FL	<input checked="" type="checkbox"/>
TD	FREAD, JERALD	128 S.W. 54TH TERRACE	CAPE CORAL FL	<input checked="" type="checkbox"/>
PDD	BICKNESE, SUSAN	413 SE 42ND TERRACE	CAPE CORAL FL	<input checked="" type="checkbox"/>
SD	SLOAN, JECQUELINE	2516 SE 12TH PL	CAPE CORAL FL	<input checked="" type="checkbox"/>

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
VD	FRANTON, ALICE	3158 RUNNING DOER DR	N FT MYERS, FL 33917	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PD	DALLAS, JOANNE	1756 EMERALD COVE CIRCLE	CAPE CORAL FL 33991	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	SAWLER, SUGAN	421 SW 51ST TERRACE	CAPE CORAL FL 33914	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	BROOKS, WILLIAM T	2302 SE 15TH STREET	CAPE CORAL FL 33990	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/24/98

9415740206

CR2E037 (5/98)