2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State
01-10-2005 90029 005 ****61.25

DOCUMENT # 734489

1. Entity Name
THE CAPE CORAL HOSPITAL AUXILIARY, INC.

Principal Place of Business
P.O. BOX 150010
CAPE CORAL, FL 33915 US

Mailing Address
P.O. BOX 150010
CAPE CORAL, FL 33915 US

01042005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1647870 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCURDY, ROBERT C ESQ. LEE MEMORIAL HEALTH SYSTEM 2780 CLEVELAND AVE., STE. 459 FT. MYERS, FL 33902	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 accep the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD ☐ Delete	TITLE	PD ☒ Change ☐ Additi
NAME	HOTCHKISS, RITA	NAME	Winfield, Kenneth
STREET ADDRESS	2590 PALO DURO BLVD	STREET ADDRESS	937 SW 54th LANE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917	CITY-ST-ZIP	Cape Coral, FL 33914
TITLE	PED ☐ Delete	TITLE	PED ☐ Change ☒ Additi
NAME	WINDFIELD, KENNETH	NAME	Kenneke, George
STREET ADDRESS	937 SW 54TH LANE	STREET ADDRESS	841 Monticello Court
CITY-ST-ZIP	CAPE CORAL, FL 33914	CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Additi
NAME	BRICELAND, PAT	NAME	
STREET ADDRESS	406 WILDWOOD PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	
TITLE	ATD ☐ Delete	TITLE	SD ☐ Change ☒ Additi
NAME	NEFF, GER	NAME	~~Beth~~ Cheetham, Rita
STREET ADDRESS	3172 FULLMOON DRIVE	STREET ADDRESS	1706 SW 53RD LANE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903	CITY-ST-ZIP	Cape Coral, FL 33914
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Additi
NAME	ELLIS, ROBERT	NAME	
STREET ADDRESS	317 SE 30TH STREET	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	VPD ☒ Change ☐ Additi
NAME	GEMMILL, MAE	NAME	Gemmill, Mae
STREET ADDRESS	5101 DEL PRADO BLVD	STREET ADDRESS	5101 Del Prado Blvd
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	Cape Coral, FL 33904

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 i changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth Winfield — 1/6/05 — 239-574-0206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kenneth Winfield, President