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	Mailing Address
P.O. BOX 150010 CAPE CORAL, FL 33915 US	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 accept the obligations of registered agent.

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

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 ☐ Addition
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 ☒ Addition
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 ☐ Addition
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 ☒ Addition
NAME	NEFF, GER		NAME	~~Erika~~ 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 ☐ Addition
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 ☐ Addition
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 if 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