


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90023 047 \*\*\*\*70.00

<b>DOCUMENT # 734489</b> 1. Entity Name <b>THE CAPE CORAL HOSPITAL AUXILIARY, INC.</b>					
Principal Place of Business <b>P.O. BOX 150010</b> <b>CAPE CORAL, FL 33915 US</b>			Mailing Address <b>P.O. BOX 150010</b> <b>CAPE CORAL, FL 33915 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1647870</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCGILLICUDDY, MARY</b> <b>LEE MEMORIAL HEALTH SYSTEM</b> <b>2780 CLEVELAND AVE., STE. 459</b> <b>FT. MYERS, FL 33902</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>				DATE _____	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEKE, GEORGE 841 MONTICELLO CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED KENNEKE, GEORGE 841 MONTICELLO COURT CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILNE, SUZANNE 3525 CEITUS PKWY CAPE CORAL, FL 33991	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD MANYPAT, ROLEKE 4223 COUNTRY CLUB BLVD C1 CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEMMIL, MAE 5101 DEL PRODO BLVD CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENSON, LYNNE 1118 SE 34TH TERR CAPE CORAL, FL 33904	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED JACK HESS 12600 APOPKA CT FORT MYERS, FL 33903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARYPAT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <i>George Kenneke</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <i>1.15.07</i> Daytime Phone #: <i>239 5740206</i>					