


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90018 017 ****70.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1647870	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCGILLICUDDY, MARY LEE MEMORIAL HEALTH SYSTEM 2780 CLEVELAND AVE., STE. 459 FT. MYERS, FL 33902				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEKE, GEORGE <input checked="" type="checkbox"/> Delete 841 MONTICELLO CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HESS, JACK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12600 APOPKA CT FORT MYERS F	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED HESS, JACK <input checked="" type="checkbox"/> Delete 12600 APOPKA CT FORT MYERS, FL 33903		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Not Filled.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILNE, SUZANNE <input type="checkbox"/> Delete 3525 CEITUS PKWY CAPE CORAL, FL 33991		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD MARYPAT, ROLEKE <input type="checkbox"/> Delete 4223 COUNTRY CLUB BLVD C1 CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GEMMIL, MAE <input checked="" type="checkbox"/> Delete 5101 DEL PRODO BLVD CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOANNE FLOOD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11886 ROYALTEA CIRCLE CAPE CORAL FL 33991	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENSON, LYNNE <input type="checkbox"/> Delete 1118 SE 34TH TERR CAPE CORAL, FL 33904		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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.					
SIGNATURE: <u>Suzanne Milne</u> (SUZANNE MILNE)			239 5740206		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		