

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734489

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** THE CAPE CORAL HOSPITAL AUXILIARY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

636 DEL PRADO BLVD  
CAPE CORAL, FL 33915 US

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-1647870      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MCGILLICUDDY, MARY  
LEE MEMORIAL HEALTH SYSTEM  
2780 CLEVELAND AVE., STE. 459  
FT. MYERS, FL 33902 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HESS, JACK  
Address: 12600 APOPKA CT  
City-St-Zip: CAPE CORAL, FL 33904

Title: TD ( ) Delete  
Name: MILNE, SUZANNE  
Address: 3525 CEITUS PKWY  
City-St-Zip: CAPE CORAL, FL 33991

Title: ATD ( ) Delete  
Name: MARYPAT, ROLEKE  
Address: 4223 COUNTRY CLUB BLVD C1  
City-St-Zip: CAPE CORAL, FL 33904

Title: VD ( ) Delete  
Name: FLOOD, JOANNNE  
Address: 11886 ROYAL TEE CIRCLE  
City-St-Zip: CAPE CORAL, FL 33991

Title: VD ( ) Delete  
Name: BENSON, LYNNE  
Address: 1118 SE 34TH TERR  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE MILNE

TREA

02/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date