

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

1/1

01-13-2003 90438 048 \*\*\*\*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

55006171



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

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**

**MCCURDY, ROBERT C ESQ.**  
**LEF 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  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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**

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TEEGARDEN, CAROLYN	
STREET ADDRESS	1022 SW 4TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33991	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ELLIS, CHARLOTTE	
STREET ADDRESS	139 SE 30TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	President - D	<input type="checkbox"/> Delete
NAME	THELMA KIRTRICK Mckitrick, Thelma	
STREET ADDRESS	1228 SW 24TH LANE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	Pres-Elect - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hotchkiss, Rita	
STREET ADDRESS	2540 Pale Duro Blvd.	
CITY-ST-ZIP	N. Ft. Myers, FL 33917	
TITLE	Treasurer - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brice Land, Pat	
STREET ADDRESS	406 Wildwood Parkway	
CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	A.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neff, Geri	
STREET ADDRESS	16555 N. Cleveland Ave.	
CITY-ST-ZIP	N. Ft. Myers, FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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: **SIGNATURE REQUIRED**

1/6/03 239-574-0206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #