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May 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736146 (2)

1. Corporation Name

NORTH RIDGE GENERAL HOSPITAL AUXILIARY, INC.



Principal Place of Business

Mailing Address

% CORPORATE TREASURER
5757 NORTH DIXIE HWY
OAKLAND PARK FL 33334

% CORPORATE TREASURER
5757 NORTH DIXIE HWY
OAKLAND PARK FL 33334-4135

3. Date Incorporated or Qualified
06/17/1976

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1768130

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMATO, ROSE
6609 NW 73RD STREET
TAMARAC FL 33321

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME AMATO, ROSE
STREET ADDRESS 6609 NW 73RD STREET
CITY-ST-ZIP TAMARAC FL 33321

1.1 TITLE PD
1.2 NAME LOLA POST
1.3 STREET ADDRESS 2505 Antigua Terr K1
1.4 CITY-ST-ZIP Coconut creek, FL 33066

TITLE TD
NAME KELLY, JACQUELINE
STREET ADDRESS 4848 NW 23RD AVE
CITY-ST-ZIP FT LAUD, FL 00000

2.1 TITLE 1st PD
2.2 NAME PAT NICELY
2.3 STREET ADDRESS 777 S. Federal Hwy
2.4 CITY-ST-ZIP Pompano Bch, FL 33062

TITLE VPD
NAME AMATO, ROSE
STREET ADDRESS 6609 NW 73RD STREET
CITY-ST-ZIP TAMARAC FL

3.1 TITLE 2nd PD
3.2 NAME ETHEL LEIBMAN
3.3 STREET ADDRESS 1705 Andros Isle
3.4 CITY-ST-ZIP Coconut Creek, FL 33066

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE TD
4.2 NAME MARY PERRY
4.3 STREET ADDRESS 4709 NW 4 Terr
4.4 CITY-ST-ZIP Pompano Bch, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

Mary P. Perry

4-30-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0037656

CP2E037 (9/96)