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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

06/17/1976

4. FEI Number

59-1768130

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMATO, ROSE
8809 NW 79RD STREET
TAMARAC FL 33321

81 Name **Pat Nicely**

82 Street Address (P.O. Box Number is Not Acceptable)
777 S. Federal Hwy RP 211

83

84 City **Pompano Beach**

FL

85 Zip Code
33062

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

Patricia A. Nicely
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

6-3-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **POST, LOLA**
STREET ADDRESS **2505 ANTIGUA TERR K1**
CITY-ST-ZIP **COCONUT CREEK FL 33066**

1.1 TITLE **President D** ☒ Change ☒ Addition
1.2 NAME **Pat Nicely**
1.3 STREET ADDRESS **777 S. Federal Hwy RP211**
1.4 CITY-ST-ZIP **Pompano Beach, FL 33062** ☒ Change ☒ Addition

TITLE **1 PD** ☒ DELETE
NAME **NICELY, PAT**
STREET ADDRESS **777 S. FEDERAL HWY RP 211**
CITY-ST-ZIP **POMPANO BCH FL 33062**

2.1 TITLE **1st Vice President D** ☒ Change ☒ Addition
2.2 NAME **Jessica Magill**
2.3 STREET ADDRESS **2824 NW 9 Terrace**
2.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33311**

TITLE **2 PD** ☒ DELETE
NAME **LEIBMAN, ETHEL**
STREET ADDRESS **1709 NW 4 TERR**
CITY-ST-ZIP **POMPANO BCH FL 33064**

3.1 TITLE **2ND Vice President D** ☒ Change ☒ Addition
3.2 NAME **Sonja Cochran**
3.3 STREET ADDRESS **6297-4 Bay Club Dr**
3.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33302** ☒ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **TD** ☒ Change ☒ Addition
4.2 NAME **Mary Perry**
4.3 STREET ADDRESS **4709 NW 4 Terrace**
4.4 CITY-ST-ZIP **Pompano Beach, FL 33064**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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 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

MARY A. PERRY

Mary A. Perry 4/29/98

954-776-6000
Y 44377

CR2E037 (10/97)