2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 736146

1. Entity 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

DO NOT WRITE IN THIS SPACE

01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1768130
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PERRY, MARY A
4709 NW 4TH TERRACE
POMPANO BEACH, FL 33064

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WETTACH, BARBARA
STREET ADDRESS	2591 NE 55TH CT., #205
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	SD
NAME	HARTOG, SONYA
STREET ADDRESS	4701 MARTINIQUE DR
CITY-ST-ZIP	COCONUT CREEK, FL 33066
TITLE	TD
NAME	PERRY, MARY
STREET ADDRESS	4709 NW 4TH TERR
CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000330013
01/23/06-80008-011 70.00

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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: Mary A. Perry MARY A. PERRY - Treas. 1/11/06 954-776-6000 x427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #