FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCU 1. Corporation	MENT # 736153	(8)					
COLUMBIA MEDICAL CENTER DAYTONA AUXILIARY INC.							
Principal Place of Business Mailing Address						Asbu alon bibu bi	ERL OHRIV TROV
400 NORTH CLYDE MORRIS BLVD. 400 NORTH CLYDE MORRIS I					3. Date Incorporated or Qualified		
P. O. BOX 9000 P. O. BOX 9000 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114					06/18/1976		
			•		4. FEI Number		oplied For
2. Principal Place of Business 2a. Mailing Address					59-1693240	\$8.75 A	ot Applicable
21 26					5. Certificate of Status Desired	- Fee Re	
Suite, Apt. #, etc. Suite, Apt. #,			etc.		6. Election Campaign Financing	\$5.00 N	
22 27 City & State City & Sta					Trust Fund Contribution	Added to	
23 28		─ ¬ '	ui.		7. Is this nonprofit corporation a homeowners association?		
Zip	Country Zip			ountry 8. This corporation owes or has paid the current year Inte			
24	25 29 30 9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. 10. Name and Address of New Registere		No
	3. Name and Address of Culterit H	ofision wholi	8	Name	IV. ITANIO AND AUGUSS OF ITOM PORTSION	u Agent	
CORBETT, JOHN A				Stroot Ar	ddress (P.O. Box Number is Not Acceptable)		
400 NORTH CLYDE MORRIS BLVD.			8:		Scress (F.O. DOX Number is 1407 Acceptable)		
DAYTO	NA BCH. FL 32120		8:	3			
	•		8	City	F	85 Zip (Code
11. Pursuant	to the provisions of Sections 617.0502 a	nd 617.1508. Florida Statut	es, the abov	ve-named co			s registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such change was a	authorized k	y the corpo	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	ppointment as	registered
SIGNATURE							.
12.	Signature, typod or printed name of registered agent at		E: Registered A	gent signature re-	quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		S IN 12
TITLE	ŠT	OFFICERS AND DIRECTORS 1:		т	ADDITIONS/CHANGES TO OFFICENS A	Change	Addition
NAME	BENNETT, TEE JAY		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY-ST-ZIP				
TITLE	DELETE SAME		2.1 TITLE			Change	Addition
NAME STREET ADDRESS	BENNETT, WILL 148 GREBE COURT		2.2 NAME	ET ADDRESS	·		
CITY-ST-ZIP	DANTONA DELONETI COLLO		2. 4 CITY-ST-ZIP				
TITLE	PT DELETE		3.1 TITLE			Change	Addition
NAME	CARPENTER, PATRICIA		3.2 NAME				-
STREET ADDRESS	100 INLET SHORES DR.		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BCH. FL 32168 ☐ DELETE		3.4. CITY			Change	Addition
TITLE			4.1 TITLE 4.2 NAM			Land Change	L Addition
NAME STREET ADDRESS	LOS PRINTERS			ET ADDRESS			1
CITY-ST-ZIP	Lou Mory AN 625 Ridge Blud So Daytona, Fl 32119		4.4 CITY-				1
TITLE	(T	∟ DELLETE	5.1 TITLE			Change	Addition
NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5.2 NAME				-
STREET ADDRESS	RESS 1329 COSTA VEISOI UT.		5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		T 1 04	17 42495-2
TITLE	Geraldine L. BAUN 871 E. Colonia I Cir	DELETE	6.1 TITLE			Change	☐ Addition
NAME STREET ADDRESS	orification Cir	•	6.2 NAME	T ADDRESS			1
CITY-ST-ZP Day tonic Beck F132117 6.			6.4 CITY-				1
OUT OF LE	I Name of the state of the stat		0.7 0:11	V: 411			

14. Thereby 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 roceiver 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

Geraldine L. Bar

May 26, 1998

FILED

Jun 01 1998 8:00am

Secretary of State