

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737402

FILED
Apr 26, 2004
Secretary of State**Entity Name:** ORMOND BEACH MEMORIAL HOSPITAL AUXILIARY, INC.**Current Principal Place of Business:**875 STERTHAUS AVENUE
ORMOND BCH, FL 131C US**New Principal Place of Business:****Current Mailing Address:**875 STERTHAUS AVENUE
ORMOND BCH, FL 321745131**New Mailing Address:****FEI Number:** 59-1721962**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SLIWA, SHIRLEY
116 PARADISE VALLEY CT.
DAYTONA BEACH, FL 32114**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SLIWA, SHIRLEY
Address: 116 PARADISE VALLEY CT.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: SD () Delete
Name: KETCHLEDGE, ARTHUR
Address: 202 SADDLE CREEK TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: V () Delete
Name: BILLIG, PAUL
Address: 110 DIANNE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: T () Delete
Name: FANCHER, LIZ
Address: 33 CREEK BLUFF WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD () Delete
Name: STREET, STEPHEN
Address: 7 LITTLE POND TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: T () Delete
Name: GIORDANO, MARY ANNE
Address: 122 DEER LAKE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: MARTIN, MITZI
Address: 1215 CHARTER OAKS CIRCLE
City-St-Zip: HOLLY HILL, FL 32117

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY SLIWA

P

04/26/2004

Electronic Signature of Signing Officer or Director

Date