FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 12:59

DOCUMENT # 740945 (1)

1. Corporation Name

MEMORIAL MEDICAL CENTER OF JACKSONVILLE AUXILIARY, INC.

Principal Place of Business	Mailing Address
XILIARY. INC. 3625 UNIVERSITY BLVD SO JACKSONVILLE FL 32216	XILIARY. INC. 3625 UNIVERSITY BLVD SO JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1977
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-1839948 ☐ Applied For ☐ Not Applicable
2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 30
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. Nonprofit with IRS 501(c)(3) 61-5 Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GEIGER, ALLAN T.
1300 GULF LIFE DR., STE 600
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	President	☑ Change ☐ Addition
NAME	FELTEL, MARY	12 NAME	Margaret Ann Baker	
STREET ADDRESS	9274 RIVER SHORES LN	13 STREET ADDRESS	5374 Golf Course Dr.	D
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville FL 32277	
TITLE	VD	21 TITLE	Jackie Adams V-P	☑ Change ☐ Addition
NAME	MORRIS, FAY	22 NAME	181 Aldergate Dr.	D
STREET ADDRESS	1213 MONTEGO RD. E.	23 STREET ADDRESS	Green Cove Springs, FL 32043	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	CD	31 TITLE	Chairman of Services	☑ Change ☐ Addition
NAME	WILSON, MARY	32 NAME	Sue Ward	D
STREET ADDRESS	1265 OVINGTON RD.	33 STREET ADDRESS	2313 Brest Rd	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville Fla 32216	
TITLE	SD	41 TITLE	Recording Secretary	☑ Change ☐ Addition
NAME	DAVIS, HOYT	42 NAME	Florence Towey	T
STREET ADDRESS	1048 LAS ROBIDA DR.	43 STREET ADDRESS	5201 Atlantic Blvd. #76	
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	SD	51 TITLE	Corresponding Secretary	☑ Change ☐ Addition
NAME	WARD, SUE	52 NAME	Jane Mittman	T
STREET ADDRESS	2313 BREST RD.	53 STREET ADDRESS	13236 Marquesteo Pt.	
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	Jacksonville FL 32225	
TITLE	TD	61 TITLE	Treasurer	☑ Change ☐ Addition
NAME	BAUMGARTEN, RITA	62 NAME	Mary Braun	T
STREET ADDRESS	1301 SOUTH 1ST ST., #1205	63 STREET ADDRESS	1207 Arlingwood Ave.	
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP	Jacksonville Fla 32211	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

REMITTED BY DRAFT

SIGNATURE: Margaret Ann Baker 4-27-95 391-1128
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001870