

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 740945 (1)
1. Corporation Name
MEMORIAL HOSPITAL JACKSONVILLE AUXILIARY, INC.



Principal Place of Business Mailing Address
3625 UNIVERSITY BLVD., SOUTH JACKSONVILLE FL 32216 **3625 UNIVERSITY BLVD., SOUTH JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified **02/05/1977** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1839948** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

**GEIGER, ALLAN T.
1300 GULF LIFE DR., STE 800
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE
TITLE PD
NAME BAKER, MARGARET A
STREET ADDRESS 5374 GOLF COURSE DR
CITY-ST-ZIP JACKSONVILLE FL
TITLE VPD ☐ DELETE
NAME ADAMS, JACKIE
STREET ADDRESS 181 ALDERSGATE DR
CITY-ST-ZIP GREEN COVE SPRINGS FL
TITLE CD ☐ DELETE
NAME WARD, SUE
STREET ADDRESS 2313 BREST RD
CITY-ST-ZIP JACKSONVILLE FL
TITLE RST ☐ DELETE
NAME LOURNEY, FLORENCE
STREET ADDRESS 5201 ATLANTIC BLVD., #76
CITY-ST-ZIP JACKSONVILLE FL
TITLE CST ☐ DELETE
NAME WITTMAN, JANE
STREET ADDRESS 13236 MARYWEATHER CT
CITY-ST-ZIP JACKSONVILLE FL
TITLE T ☐ DELETE
NAME BRWON, MARY
STREET ADDRESS 1207 ARLINGWOOD AVE
CITY-ST-ZIP JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **President**
1.3 STREET ADDRESS **Adams, Jackie**
1.4 CITY-ST-ZIP **181 Aldersgate Dr/
Green Cove Springs, Fla. 32043**
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Vice President**
2.3 STREET ADDRESS **Ward, Sue**
2.4 CITY-ST-ZIP **2313 Brest Rd.
Jacksonville, Fl. 32216**
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Chairman of Services**
3.3 STREET ADDRESS **Price, JoAnne**
3.4 CITY-ST-ZIP **8269 Sanlando Ave.
Jacksonville, Fl. 32211**
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **Recording Secretary**
4.3 STREET ADDRESS **Towey, Flo**
4.4 CITY-ST-ZIP **5201 Atlantic Blvd., #76
Jacksonville, Fl. 32207**
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Corresponding Secretary**
5.3 STREET ADDRESS **Whitman, Jane**
5.4 CITY-ST-ZIP **13236 Maryweather Ct.
Jacksonville, Fl. 32225**
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **Treasurer**
6.3 STREET ADDRESS **Brown, Mary**
6.4 CITY-ST-ZIP **1207 Arlingwood Ave.
Jacksonville, Fl. 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)(k), 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 K. Brown, Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

391-1128
Daytime Phone #

CR2E037 (12/95)