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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740945** (1)
1. Corporation Name
MEMORIAL HOSPITAL JACKSONVILLE AUXILIARY, INC.

Principal Place of Business 3625 UNIVERSITY BLVD., SOUTH JACKSONVILLE FL 32216	Mailing Address 3625 UNIVERSITY BLVD., SOUTH JACKSONVILLE FL 32216
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3. Date Incorporated or Qualified

02/05/1977

4. FEI Number

59-1839948

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **Mary lauzon - Treasurer**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
ADAMS, JACKIE**
STREET ADDRESS **181 ALDERSGATE DRIVE**
CITY-ST-ZIP **GREEN COVE SPRINGS FL**

TITLE ☐ DELETE

NAME **PD
WARD, SUE**
STREET ADDRESS **2313 BREST ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **VPD
PRICE, JOANNE**
STREET ADDRESS **8269 SANLANDO AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **RST
TOWERY, FLO**
STREET ADDRESS **5201 ATLANTIC BLVD, # 76**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **CST
WITTMAN, JANE**
STREET ADDRESS **13236 MARYWEATHER CT**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **T
BRWON, MARY**
STREET ADDRESS **1207 ARLINGWOOD AVE**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President D** ☐ Change ☐ Addition

1.2 NAME **JoAnne Price**

1.3 STREET ADDRESS **8269 Sanlando**

1.4 CITY-ST-ZIP **Jax. FL. 32211**

2.1 TITLE **Vice-President D** ☐ Change ☐ Addition

2.2 NAME **Jan Gordon**

2.3 STREET ADDRESS **8210 Lakemont Drive**

2.4 CITY-ST-ZIP **Jax. FL. 32216**

3.1 TITLE **Chairman of Services** ☐ Change ☐ Addition

3.2 NAME **Polly Osborn**

3.3 STREET ADDRESS **5461 Ft. Caroline Road**

3.4 CITY-ST-ZIP **Jax. FL. 32277**

4.1 TITLE **Recording Secretary** ☐ Change ☐ Addition

4.2 NAME **Nina Grundig**

4.3 STREET ADDRESS **5431 Lori Drive South**

4.4 CITY-ST-ZIP **Jax. FL. 32207**

5.1 TITLE **Corresponding Secretary** ☐ Change ☐ Addition

5.2 NAME **Irene Mader**

5.3 STREET ADDRESS **3419 Catamaran**

5.4 CITY-ST-ZIP **Jax. FL. 32223**

6.1 TITLE **Treasurer** ☐ Change ☐ Addition

6.2 NAME **Mary Lauzon**

6.3 STREET ADDRESS **211 Glynlea Road**

6.4 CITY-ST-ZIP **Jax. FL. 32216**

14. I hereby 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 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 Lauzon - Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/7/98

Daytime Phone # 0005521

CR2E037 (10/97)