


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90028 011 ****70.00

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # 740945 1. Entity 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-1839948 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 | | | Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MADER, IRENE 3419 CATAMARAN WAY JACKSONVILLE, FL 32223 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Macarages, Louise 2666 Nicholas Circle Jacksonville FL 32207 |
| | | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MACARAGES, LOUISE 2666 NICHOLAS CIRCLE JACKSONVILLE, FL 32207 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Shalik, Loretta 3760 University Blvd S. # 1067 Jacksonville FL 32216 |
| | | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CST SMITH, EILEEN 12548 MASTERS RIDGE DRIVE JACKSONVILLE, FL 32225 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CST Warren, Flo 7145 San Souci Rd Jacksonville FL 32216 |
| | | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RST MOORE, MARY LYNN 3251 CESERY BLVD. JACKSONVILLE, FL 32277 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | RST Sadler, Llewellyn 12847 Swamp Owl Ln. Jacksonville FL 32258 |
| | | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CST YARBOROUGH, MAXINE 1351 JEAN COURT JACKSONVILLE, FL 32207 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T STEVENS, GINNY 6830 TAMRA LN JACKSONVILLE, FL 32216 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T Lauzon, Mary R. 211 Glynlea Rd Jacksonville FL 32216 |
| | | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: Mary R. Lauzon (Mary R. Lauzon) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date: 1/26/04 Daytime Phone #: 904 391 1594 | |