

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740945

FILED
Mar 17, 2009
Secretary of State

Entity Name: MEMORIAL HOSPITAL JACKSONVILLE AUXILIARY, INC.

Current Principal Place of Business:

3627 UNIVERSITY BLVD., SOUTH
SUITE 140
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3625 UNIVERSITY BLVD., SOUTH
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-1839948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEMORIAL HOSPITAL JACKSONVILLE
3627 UNIVERSITY BLVD. SOUTH
SUITE 140
JACKSONVILLE, FL 32216 US

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: BLYTHE, SYLVIA
Address: 9043 KENTISH CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: V () Delete
Name: BLYTHE, SYLVIA
Address: 9043 KENTISH CT
City-St-Zip: JACKSONVILLE, FL 32257

Title: T () Delete
Name: DORSEY, JIMMY
Address: 4946 TOPROYAL LN
City-St-Zip: JACKSONVILLE, FL 32277

Title: RS () Delete
Name: HARPER, MARY
Address: 3749 LILLY RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: CS () Delete
Name: HARPER, MARY
Address: 3749 LILLY RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: C () Delete
Name: JOHNSON, GERALDINE
Address: 6865 TAMRA LN
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLOYD, CAROL PRES
Address: 8043 WOODGROVE RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: V (X) Change () Addition
Name: JOHNSON, GERALDINE V PRES
Address: 6865 TAMRA LN
City-St-Zip: JACKSONVILLE, FL 32216

Title: T (X) Change () Addition
Name: DORSEY, JIMMY TREAS
Address: 4946 TOPROYAL LN
City-St-Zip: JACKSONVILLE, FL 32277

Title: C (X) Change () Addition
Name: HILL, DOROTHY CHAIR
Address: 3237 VICTORIA CT E
City-St-Zip: JACKSONVILLE, FL 32216

Title: RS (X) Change () Addition
Name: BROWN, MARY K REC SEC
Address: 1737 MARION RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: CS (X) Change () Addition
Name: MCKINNEY, MARGARET CORR S
Address: 7104 SAN SABASTIAN AVE
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CAROL FLOYD

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date