

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90255 012 ****61.25

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1. Entity Name

TWIN CITIES HOSPITAL AUXILIARY, INC.



Principal Place of Business

2190 HWY 85 NORTH
NICEVILLE FL 32578
US

Mailing Address

2190 HWY 85 NORTH
NICEVILLE FL 32578
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2478138

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEADE, CLAIRE P
157 BAYWIND DRIVE
NICEVILLE FL 32578

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME MEADE, CLAIRE P
STREET ADDRESS 157 BAYWIND DR
CITY-ST-ZIP NICEVILLE FL 32578

TITLE DVP1 ☐ Delete
NAME SAUCEDA, ANNE
STREET ADDRESS 3205 SUNSHINE LANE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE DT ☒ Delete
NAME MARCUS, GLENDA K
STREET ADDRESS 427 JAMES AVENUE
CITY-ST-ZIP VALPARAISO FL 32580

TITLE RS ☒ Delete
NAME BASSETT, MARILYN
STREET ADDRESS 1215 OAKMONT DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE DVP2 ☐ Delete
NAME STAPLETON, WANDA
STREET ADDRESS 510 SPRINGACRES COVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE DS ☐ Delete
NAME AMOS, RUTH
STREET ADDRESS 131 POPLAR PLACE
CITY-ST-ZIP NICEVILLE FL 32578

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME DT Joyce, Regina D.
STREET ADDRESS 4335 Sunset Beach Circle
CITY-ST-ZIP niceville, FL 32578

TITLE ☒ Change ☐ Addition
NAME RS carolyn Van Pelt
STREET ADDRESS 1405 B Bayshore Drive
CITY-ST-ZIP niceville, FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Regina Joyce