

FILE NOW: FILING FEE IS \$61.25

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Jun 25 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 # 757302 (5)
1. Corporation Name
COLUMBIA MEDICAL CENTER - SANFORD AUXILIARY, INC



Principal Place of Business
**1401 W SEMINOLE BLVD
SANFORD FL 32771**

Mailing Address
**1401 W SEMINOLE BLVD
SANFORD FL 32771**

3. Date Incorporated or Qualified
03/30/1981

4. FEI Number
59-2698937

Applied For
☐ Not Applicable

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEFILS, GREGORY
165 OAK AVENUE
ORANGE CITY FL 32763**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PRESIDENT
NAME	FLORAY, DOROTHY	1.2 NAME	DON RITENOUR
STREET ADDRESS	1170 BAYON DR	1.3 STREET ADDRESS	711 GREEN TREE COURT
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	D	2.1 TITLE	PRESIDENT-ELECT
NAME	SMITH, GRACE	2.2 NAME	ROBERT JONES
STREET ADDRESS	102 PAR PLACE	2.3 STREET ADDRESS	711 E. 1st ST.
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D	3.1 TITLE	RECORDING SECRETARY
NAME	BACK, JANE	3.2 NAME	1370 MELSHIRE AVE.
STREET ADDRESS	1170 ELKCAM BLVD., #9	3.3 STREET ADDRESS	DELTONA, FL 32738
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	BEA RIDEN HILLS
TITLE	T	4.1 TITLE	
NAME	SMITH, THELMA B	4.2 NAME	
STREET ADDRESS	622 W. PLANTATION BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	CORRESPONDING SECRETARY
NAME	JONES, MARY HELEN	5.2 NAME	DORIS ELLIOTT
STREET ADDRESS	2340 E. TIMBERCREST DR	5.3 STREET ADDRESS	1393 AZORA DR.
CITY-ST-ZIP	DELTONA FL	5.4 CITY-ST-ZIP	DELTONA, FL 32725
TITLE	VP	6.1 TITLE	VICE-PRESIDENT
NAME	JONES, BOB	6.2 NAME	BETTY HALBACK
STREET ADDRESS	711 E. 1ST STREET., 14W	6.3 STREET ADDRESS	102 ORANGE DRIVE
CITY-ST-ZIP	SANFORD FL	6.4 CITY-ST-ZIP	SANFORD, FL 32710

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:

Thelma B Smith

4/30/98

407-321-4582

CR2E037 (10/97)