FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBMITTED BY MAY 1

DOCUMENT # 760386 (3)

1. Corporation Name
EAST POINTE HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
1500 LEE BLVD LEHIGH ACRES FL 33936	1500 LEE BLVD LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/13/1981
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2190899 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status X **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes X No

9. Name and Address of Current Registered Agent

MANOS, ELIZABETH L.
1500 LEE BLVD.
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name: WILLIAM T. BRIDGE
82 Street Address (P.O. Box Number is Not Acceptable): 343 INWOOD AVE.
83
84 City: LEHIGH ACRES FL 85 Zip Code: 33936

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: William T. Bridge — 5-11-95
Signature, type 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	D	11 TITLE		☐ Change ☐ Addition
NAME	CROOKS, JUNE	12 NAME		
STREET ADDRESS	113 INDIANA PLACE	13 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE	SECRETARY	☑ Change ☐ Addition
NAME	FRANK, RUTH	22 NAME	JANICE LEE MARTIN	
STREET ADDRESS	1818 MALONE ST.	23 STREET ADDRESS	904 C. LEELAND HEIGHTS BLVD.	
CITY-ST-ZIP	LEHIGH ACRES, FL 00000	24 CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE	P	31 TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	MANOS, BETTY	32 NAME	WILLIAM T. BRIDGE	
STREET ADDRESS	113 EDWARD AVE	33 STREET ADDRESS	~~WINEYARD ST.~~ 343 INWOOD AVE.	
CITY-ST-ZIP	LEHIGH ACRES, FL 00000	34 CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	MANOS, HARRIS P.	42 NAME		
STREET ADDRESS	113 EDWARD AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES, FL 00000	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	DIRECTOR	☑ Change ☐ Addition
NAME	MARTIN, HARTLEY	52 NAME	BETTY MANOS	
STREET ADDRESS	119 DALEVIEW AVE	53 STREET ADDRESS	113 EDWARD AVE.	
CITY-ST-ZIP	LEHIGH ACRES, FL 00000	54 CITY-ST-ZIP	LEHIGH ACRES, FL 33936	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	NORTHRUP, JAMES	62 NAME		
STREET ADDRESS	31 CLAYTON AVE	63 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Harris P. Manos — HARRIS P. MANOS — 1/20/95 — (813) 368.0068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)