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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 760386 (3)

1. Corporation Name

EAST POINTE HOSPITAL AUXILIARY, INC.

Principal Place of Business

1500 LEE BLVD
LEHIGH ACRES FL 33936

Mailing Address

1500 LEE BLVD
LEHIGH ACRES FL 33936



100001779681

04/15/96--01029--001

3. Date Incorporated or Qualified

10/13/1981

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIDGE, WILLIAM T.
343 INWOOD AVE.
LEHIGH ACRES FL 33936

81 Name

MARION JONES

82 Street Address (P.O. Box Number is Not Acceptable)

135 East Lake Drive

83

Lehigh Acres, FL 33936-7003

84 City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

4/1/96
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME CROOKS, JUNE
STREET ADDRESS 113 INDIANA PLACE
CITY-ST-ZIP LEHIGH ACRES FL

TITLE S ☒ DELETE
NAME MARTIN, JANICE LEE
STREET ADDRESS 904 E LEELAND HEIGHTS BLVD.
CITY-ST-ZIP LEHIGH ACRES, FL 00000

TITLE P ☒ DELETE
NAME BRIDGE, WILLIAM T.
STREET ADDRESS 343 INWOOD AVE.
CITY-ST-ZIP LEHIGH ACRES, FL 00000

TITLE TD ☒ DELETE
NAME MANOS, HARRIS P.
STREET ADDRESS 113 EDWARD AVE.
CITY-ST-ZIP LEHIGH ACRES, FL 00000

TITLE D ☒ DELETE
NAME MANOS, BETTY
STREET ADDRESS 113 EDWARD AVE.
CITY-ST-ZIP LEHIGH ACRES, FL 00000

TITLE D ☒ DELETE
NAME NORTHRUP, JAMES
STREET ADDRESS 31 CLAYTON AVE
CITY-ST-ZIP LEHIGH ACRES FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

President-Elect
Marion Jones
135 East Lake Drive
Lehigh Acres, FL 33936-7003

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Vice-President
Borghild Rotondo
919 Hudson Avenue
Lehigh Acres, FL 33936-7003

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Treasurer
Shirley Fleming
347 Hazelwood Avenue
Lehigh Acres, FL 33936-7003

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Secretary
Mary Ellen Rehm
213 Fireside Court
Lehigh Acres, FL 33936-7003

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Director
Alice Zitner
1412 Grandale Street
Lehigh Acres, FL 33936-7003

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Director
Fred Chappell
515 Clayton Avenue
Lehigh Acres, FL 33936-7003

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)(k), 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:

Shirley A. Fleming
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Shirley Fleming, Treasurer

March 22, 1996 (941) 369-5746
Date Daytime Phone #

CR2E037 (12/95)

4-14-96