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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33936-4835

3. Date Incorporated or Qualified
10/13/1981

3a. Date of Last Report
04/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JONES, MARION
135 EAST LAKE DRIVE
LEHIGH ACRES FL 33936

81 Name

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

83

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

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-E
NAME JONES, MARION
STREET ADDRESS 135 EAST LAKE DRIVE
CITY-ST-ZIP LEHIGH ACRES FL 33936

1.1 TITLE PRESIDENT
1.2 NAME Jones, Marion
1.3 STREET ADDRESS 135 East Lake Drive
1.4 CITY-ST-ZIP Lehigh Acres, FL 33936

TITLE VP
NAME ROTONDO, BORGHILD
STREET ADDRESS 919 HUDSON AVENUE
CITY-ST-ZIP LEHIGH ACRES FL 33936

2.1 TITLE VP
2.2 NAME Egan, Kathryn
2.3 STREET ADDRESS 104 Country Club Pkwy.
2.4 CITY-ST-ZIP Lehigh Acres, FL 33936

TITLE T
NAME FLEMING, SHIRLEY
STREET ADDRESS 347 HAZELWOOD AVENUE
CITY-ST-ZIP LEHIGH ACRES FL 33936

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME REHM, MARY ELLEN
STREET ADDRESS 213 FIRESIDE COURT
CITY-ST-ZIP LEHIGH ACRES FL 33936

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME ZITNER, ALICE
STREET ADDRESS 1412 GRANDALE STREET
CITY-ST-ZIP LEHIGH ACRES FL 33936

5.1 TITLE
5.2 NAME McNutt, Thomas
5.3 STREET ADDRESS 13 Richmond Avenue
5.4 CITY-ST-ZIP Lehigh Acres, FL 33936

TITLE D
NAME CHAPPELL, FRED
STREET ADDRESS 515 CLAYTON AVENUE
CITY-ST-ZIP LEHIGH ACRES FL 33936

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Shirley Fleming, Shirley Fleming 3/14/97 (941) 369-5746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0057311

CR2E037 (9/96)

Section 12

ADDITIONS TO Section 12

7.1 Title - D
7.2 Name - Crooks, June
7.3 Addr. - 113 Indiana Avenue
7.4 C-S-Z - Lehigh Acres, Fl 33936