

FILE NOW: FILING FEE IS \$61.25

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Mar 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 # **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**

3. Date Incorporated or Qualified

10/13/1981

4. FEI Number

59-2190899

Applied For

Not Applicable

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

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

**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** ☒ DELETE
NAME **JONES, MARION**
STREET ADDRESS **135 EAST LAKE DRIVE**
CITY-ST-ZIP **LEHIGH ACRES FL**

1.1 TITLE **PRESIDENT-ELECT** ☐ Change ☒ Addition
1.2 NAME **MIN LYDON**
1.3 STREET ADDRESS **209 Jayview Avenue**
1.4 CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE **VP** ☒ DELETE
NAME **EGAN, KATHRYN**
STREET ADDRESS **104 COUNTRY CLUB PKWY**
CITY-ST-ZIP **LEHIGH ACRES FL**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **ROBERT PENDER**
2.3 STREET ADDRESS **1020 Canton Avenue**
2.4 CITY-ST-ZIP **Lehigh Acres, FL 33972**

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

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

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

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **Elizabeth Perry**
4.3 STREET ADDRESS **305 East Jersey Road**
4.4 CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE **D** ☐ DELETE
NAME **MCMUTT, THOMAS**
STREET ADDRESS **13 RICHMOND AVENUE**
CITY-ST-ZIP **LEHIGH ACRES FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Esther Sturgis**
5.3 STREET ADDRESS **1104 Washington Avenue**
5.4 CITY-ST-ZIP **Lehigh Acres, FL 33972**

TITLE **D** ☐ DELETE
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 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 A. Fleming* *Shirley A. Fleming* **3/20/98** **(941)369-5746**

CP2E037 (10/97)