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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90142 026 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 760386**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date incorporated or Qualified

10/13/1981

4. FEI Number

59-2190899

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**JONES, MARION  
135 EAST LAKE DRIVE  
LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **LYDON, MIN**  
STREET ADDRESS **209 JAYVIEW AVE**  
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **VP** ☐ DELETE  
NAME **PENDER, ROBERT**  
STREET ADDRESS **1020 CANTON AVE**  
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**

TITLE **SD** ☐ DELETE  
NAME **PERRY, ELIZABETH**  
STREET ADDRESS **305 E JERSEY RD**  
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **D** ☐ DELETE  
NAME **STURGIS, ESTHER**  
STREET ADDRESS **1104 WASHINGTON AVE**  
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**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition  
1.2 NAME **Jones, Marion**  
1.3 STREET ADDRESS **135 East Lake Dr.**  
1.4 CITY-ST-ZIP **Lehigh Acres, Fl. 33936**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **T** ☒ Change ☐ Addition  
3.2 NAME **Zitner, Alice A.**  
3.3 STREET ADDRESS **1412 Grandale St.**  
3.4 CITY-ST-ZIP **Lehigh Acres, Fl. 33936**

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **McNutt, Thomas G.**  
6.3 STREET ADDRESS **13 Richmond Av.**  
6.4 CITY-ST-ZIP **Lehigh Acres, Fl. 33936**

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, with all other like empowered.

SIGNATURE:

*Alice Zitner, Pres.* 4/18/99 941-369-8295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)