

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90482 034 \*\*\*\*61.25

**DOCUMENT #** 760386

**1. Entity Name**

LEHIGH HOSPITAL AUX, INC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

1500 LEE BLVD

Suite, Apt #, etc

**3. Mailing Address**

1500 LEE BLVD

Suite, Apt. #, etc,

**City & State**

LEHIGH ACRES, FL

**City & State**

LEHIGH ACRES, FL

**Zip**

33936

**Country**

**Zip**

33936

**Country**

**4. FEI Number**

59-2190899

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

**Name**  
BARBARA PENDER

**Street Address (P.O. Box Number is Not Acceptable)**  
1020 CANTON AVE

**City**  
LEHIGH ACRES

**FL**

**Zip Code**  
33972

**DO NOT WRITE  
IN THIS SPACE**

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*Barbara J. Pender President*

*4/30/04*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating):

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

*2004 Officers*

**9. Election Campaign Financing**

**\$5.00 May Be**  
**Trust Fund Contribution.** ☐ **Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PRESIDENT</b>
<b>NAME</b>	BARBARA PENDER
<b>STREET ADDRESS</b>	1020 CANTON AVE
<b>CITY-ST-ZIP</b>	LEHIGH ACRES, FL 33972
<b>TITLE</b>	<b>VICE PRESIDENT</b>
<b>NAME</b>	LILLIAN BEAUREGARD
<b>STREET ADDRESS</b>	348 INWOOD AVE
<b>CITY-ST-ZIP</b>	LEHIGH ACRES, FL 33936
<b>TITLE</b>	<b>RECORDING SECRETARY</b>
<b>NAME</b>	ELIZABETH PERRY
<b>STREET ADDRESS</b>	1230 VILLAGE LAKES BLVD # 206
<b>CITY-ST-ZIP</b>	LEHIGH ACRES, FL 33936
<b>TITLE</b>	<b>TREASURER</b>
<b>NAME</b>	ARLENE M NELSON
<b>STREET ADDRESS</b>	45 TANGELO CT
<b>CITY-ST-ZIP</b>	LEHIGH ACRES, FL 33936
<b>TITLE</b>	<b>DIRECTOR</b>
<b>NAME</b>	MARY ELLEN REHM
<b>STREET ADDRESS</b>	3 DESERT CANDLE CIRCLE
<b>CITY-ST-ZIP</b>	LEHIGH ACRES, FL 33936
<b>TITLE</b>	<b>DIRECTOR</b>
<b>NAME</b>	VIRGINIA PACKER
<b>STREET ADDRESS</b>	316 LAMELLA AVE
<b>CITY-ST-ZIP</b>	LEHIGH ACRES, FL 33936

**11.**

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Barbara J. Pender* Barbara J. Pender

*4-30-04*

**369-2101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #