2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90048 035 ****61.25

DOCUMENT # 760386

1. Entity Name

LEHIGH HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
1500 LEE BLVD LEHIGH ACRES FL 33936	1500 LEE BLVD LEHIGH ACRES FL 33936

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2190899 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BORGHILD, ROTONDO 919 HADSON AVE LEHIGH ACRES FL 33936	Name: MARIA CHEVALIER Street Address (P.O. Box Number is Not Acceptable): 1238 VILLAGE LAKES BLVD. City: LEHIGH ACRES FL Zip Code: 33936

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: Maria Chevalier - President DATE: 3-21-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BORGHILD, ROTONDO 910 HUDSON AVE LEHIGH ACRES FL 33936	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MARIA CHEVALIER 1238 VILLAGE LAKES BLVD. LEHIGH ACRES, FL-33936	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHEVALIER, MARIA 1238 VILLAGE LAKES BLV D LEHIGH ACRES FL 33936	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. BEVERLY COBB 1998 #1 LAKE VISTA C. NORTH LEHIGH ACRES, FL-33972	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS PACKER, VIRGINA 316 LAMELLA AVE LEHIGH ACRES FL 33936	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY PACKER, VIRGINIA SAME -	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KING, LEANORE 502 GERALD AVE LEHIGH ACRES FL 33972	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASSISTANT TREASURER HOWARD CRAVEN 3503 HSW. LEHIGH ACRES, FL-33971	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOHR, ROSEMARY 106 CANTON AVE LEHIGH ACRES FL 33972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR - MOHR, ROSEMARY SAME -	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENDER, BARBARA 1020 CANTON AVE LEHIGH ACRES FL 33972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PENDER, BARBARA SAME	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Chevalier - PRESIDENT - MARIA CHEVALIER 3/21/07 239-368-2226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #