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

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

1st MOORE CR2E037 (10/06)

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

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 #