2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2008 8:00 am
Secretary of State
05-14-2008 90009 012 ****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
1500 Lee Blvd.	1500 Lee Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh Acres	City & State: Lehigh Acres Fl.
Zip: 33936 Country: Lee	Zip: 33936 Country: Lee

1st MOORE CR2E037 (10/07)

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
CHEVALIER, MARIA 1238 VILLAGE LAKES BLVD LEHIGH ACRES FL 33936	Name: Borghild Rotondo Street Address (P.O. Box Number is Not Acceptable): 919 Hudson 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: Borghild Rotondo — Borghild Rotondo — 4-21-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P NAME: CHEVALIER, MARIA STREET ADDRESS: 1238 VILLAGE LAKES BLVD CITY-ST-ZIP: LEHIGH ACRES FL 33936	☒ Delete	TITLE: P NAME: EILEEN ADKINS STREET ADDRESS: 324 ROOSEVELT AVE CITY-ST-ZIP: Lehigh Acres Fl. 33972	☐ Change ☐ Addition
TITLE: VP NAME: COBB, BEVERLY STREET ADDRESS: 19984 #1 LAKE VISTA C N CITY-ST-ZIP: LEHIGH ACRES FL 33936	☒ Delete	TITLE: V.P. NAME: Borghild Rotondo STREET ADDRESS: 919 Hudson Ave CITY-ST-ZIP: Lehigh Acres Fl. 33936	☒ Change ☐ Addition
TITLE: RS NAME: PACKER, VIRGINA STREET ADDRESS: 316 LAMELLA AVE CITY-ST-ZIP: LEHIGH ACRES FL 33936	☒ Delete	TITLE: RS NAME: JOAN PICA STREET ADDRESS: 23 Connecticut Rd. CITY-ST-ZIP: Lehigh Acres Fl. 33936	☐ Change ☐ Addition
TITLE: AT NAME: CRAVEN, HOWARD STREET ADDRESS: 3503 HSW CITY-ST-ZIP: LEHIGH ACRES FL 33972	☒ Delete	TITLE: T NAME: LEANORE KING STREET ADDRESS: 502 GERALD AVE CITY-ST-ZIP: Lehigh Acre Fl. 33972	☐ Change ☐ Addition
TITLE: D NAME: MOHR, ROSEMARY STREET ADDRESS: 106 CANTON AVE CITY-ST-ZIP: LEHIGH ACRES FL 33972	☐ Delete	TITLE: D NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: D NAME: PENDERS, BARBARA STREET ADDRESS: 1020 CANTON AVE CITY-ST-ZIP: LEHIGH ACRES FL 33972	☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ 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: Borghild Rotondo - Borghild Rotondo 4-21-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date