

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90084 035 ****70.00

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1. Entity Name

ST. LUCIE MEDICAL CENTER AUXILIARY, INC.



Principal Place of Business

**1800 S.E. TIFFANY AVE.
PORT ST. LUCIE FL 34952**

Mailing Address

**1800 S.E. TIFFANY AVE.
PORT ST. LUCIE FL 34952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2292230**

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

KING, GINGER

**1800 S.E. TIFFANY AVE
PORT ST. LUCIE FL 34952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	P MENIEL, JACQUES MR 1882 SE ADAIR STREET PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE BETCHER, WYNETTE L. 2489 SE CAMARIN STREET PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHANAN, ALSON 1361 S.E. SAN SOUCI LN PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENIEL, STELLA MRS 1882 S.E. ADAIR STREET PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEY, SALLIE 1203 SE WALTON LAKE DRIVE PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTENSEN, HELEN MRS 2422 CALIGULA AVENUE S.E. PORT SAINT LUCIE FL 34952	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Betcher, Wynette L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elect Jacques C. Meniel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 1 Alson Buchanan	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 2 Bucior, Frances 247 NE Solida Drive Port St. Lucie, FL 34983	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wynette L. Betcher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-03 (772) 335-4000

CR2E037 (10/02)