

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004349

FILED
Mar 03, 2009
Secretary of State

Entity Name: GOOD SAMARITAN MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

1309 N FLAGLER DR.
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

1309 NORTH FLAGLER DRIVE
GIFT SHOP
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

8793 LAKE BLVD.
WEST PALM BEACH, FL 33412 US

New Mailing Address:

1309 N FLAGLER DR.
GIFT SHOP
WEST PALM BEACH, FL 33401 US

FEI Number: 50-0005865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, PAM
8793 LAKE BLVD.
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: HIEBERT, NANCY
Address: 200 SOUTH OCEAN BOULEVARD
City-St-Zip: DELRAY BEACH, FL 33483

Title: DT (X) Delete
Name: FRANKENTHALER, KEN
Address: 5200 NORTH FLAGLER DRIVE SUITE 1201
City-St-Zip: WEST PALM BEACH, FL 33407

Title: CP () Delete
Name: MARCHETTI, ROSE M
Address: 725 HUMMING BLVD WAY 201
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: CP () Delete
Name: GIBSON, PAMELA
Address: 8793 LAKES BLVD
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSE MARCHETTI

CP

03/03/2009

Electronic Signature of Signing Officer or Director

Date