

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004349

FILED
Feb 08, 2012
Secretary of State

Entity Name: GOOD SAMARITAN MEDICAL CENTER AUXILIARY, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1309 NORTH FLAGLER DRIVE
AUXILIARY VOLUNTEER SERVICES
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 50-0005865 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GIBSON, PAMELA
1309 N. FLAGLER DRIVE
GIFT SHOP
WEST PALM BEACH, FL 33401 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
Name: HIEBERT, NANCY
Address: 200 SOUTH OCEAN BOULEVARD
City-St-Zip: DELRAY BEACH, FL 33483

Title: P
Name: GIBSON, PAMELA
Address: 8793 LAKES BLVD.
City-St-Zip: WEST PALM BEACH, FL 33412

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

Title: TR
Name: ULACIA, DORIS
Address: 4111 NORTH DIXIE HIGHWAY
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby 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 all other like empowered.

SIGNATURE: ROSE MARCHETTI

VP

02/08/2012

Electronic Signature of Signing Officer or Director

Date