

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000000291

1. Entity Name
LAKE WALES MEDICAL CENTER AUXILIARY, INC.



Principal Place of Business
410 SOUTH 11TH STREET
LAKE WALES, FL 33853

Mailing Address
410 SOUTH 11TH STREET
LAKE WALES, FL 33853



04102006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3134978

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTER, MARTHA B
1053 SUNSET DRIVE
LAKE WALES, FL 33853

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	EDDY, RICHARD
STREET ADDRESS	318 TOWNSEND AVE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	DS
NAME	AHO, MARY
STREET ADDRESS	6309 TREASURE VALLEY LOOP
CITY-ST-ZIP	LAKE WALES, FL 33898
TITLE	DP
NAME	CARTER, MARTHA B
STREET ADDRESS	1053 SUNSET DRIVE
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/09/06-80013-022 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Martina B. Carter
MARTHA B. CARTER, INC. SIGNING OFFICER OR DIRECTOR

4/14/06
Date

963/676-2442
Daytime Phone #