


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # N03000000291 1. Entity Name LAKE WALES MEDICAL CENTER AUXILIARY, INC.	
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Principal Place of Business 410 SOUTH 11TH STREET LAKE WALES, FL 33853	Mailing Address 410 SOUTH 11TH STREET LAKE WALES, FL 33853
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DO NOT WRITE IN THIS SPACE



03202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3134978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EDDY, RICHARD 318 TOWNSEND AVE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AHO, MARY 6309 TREASURE VALLEY LOOP LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARTER, MARTHA B 1053 SUNSET DRIVE LAKE WALES, FL 33853
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000706537 04/24/07-80038-007 61.25

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: <i>Martha B. Carter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> MARTHA B. CARTER, PRESIDENT	April 5, 2007 <small>Date</small>	863/676-1433 <small>Daytime Phone #</small> /4129