

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90034 029 ****61.25

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



03172008 No Chg-NP CR2E037 (4/06)

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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

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
Robert L. Cramer
300 E. Tillman Avenue #4
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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: *Martha B Carter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/08
Date

Daytime Phone #