



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90146 031 \*\*\*\*70.00

<b>DOCUMENT # N06593</b> 1. Entity Name <b>THE VOLUNTEER AUXILIARY OF FLORIDA HOSPITAL - FLAGLER, INC.</b>					
Principal Place of Business <b>FL HOSP FLAGLER 60 MEMORIAL MEDICAL PKWY PALM COAST, FL 32164</b>			Mailing Address <b>FL HOSP. FLAGLER P.O. BOX 1814 BUNNELL, FL 32110</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <i>FL Hosp. Flagler Auxiliary</i> <i>P.O. Box 1814</i> City & State <i>Bunnell, FL</i> Zip <i>32110</i>			
City & State Zip		Country <i>USA</i>		4. FEI Number <b>59-2486582</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SCOTT, ROBERT 65 WOODFIELD DRIVE PALM COAST, FL 32135</b>			7. Name and Address of New Registered Agent Name <i>Carl Benyon</i> Street Address (P.O. Box Number is Not Acceptable) <i>15 Port Royal Drive</i> City <i>Palm Coast</i> <b>FL</b> Zip Code <i>32164</i>		
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 <i>CARL BENYON</i> <i>Carl Benyon</i> <i>3-3-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VENNE, JEAN 27 BECKER LN. PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ann B. Ferguson 100 Westlee Lane Palm Coast, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FERGUSON, ANN B P.O. BOX 353826 PALM COAST, FL 321353826	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID Elizabeth Benyon 15 Port Royal Drive Palm Coast, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HILL, GWEN 1 BURNING TREE PL PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID Carl Benyon 15 Port Royal Drive Palm Coast, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAURO, BARBARA 26 PRINCETON LN PALM COAST, FL 32164	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID Joan Hunter 59 Westover Lane Palm Coast, FL 32164	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS EDMONDSON, MILDRED 8130 A1A S F15 ST AUGUSTINE, FL 32080	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID Debbie Clark 4 Chinook Court Palm Coast, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARD, DEE 4 WHITCOMB PL PALM COAST, FL 32164	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TID Patricia J. Gallo 6 Clearview Court South Palm Coast, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Ann B. Ferguson</i> <i>3/2/05 (386) 586-2005</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

40080170

# NO 6593

## **Florida Hospital, Flagler Auxiliary FEI Number 59-2486582**

### **Additional Officers and Directors**

Title: T/D

Name: Suzanne Wuchner

Street Address: 9 Ryberry Drive

City-St-Zip: Palm Coast FL 32164

Title: S/D

Name: Pearl Hardiman

Street Address: 7 Fieldstone Lane

City-St-Zip: Palm Coast FL 32137

Title: S/D

Name: Joan Manno

Street Address: 33 Kingfisher Lane

City-St-Zip: Palm Coast FL 32137