

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005807

FILED
Feb 06, 2009
Secretary of State

Entity Name: DOCTORS MEMORIAL HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

2600 HOSPITAL DR.
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

2600 HOSPITAL DR.
BONIFAY, FL 32425

New Mailing Address:

P.O. BOX 188
BONIFAY, FL 32425

FEI Number: 26-2865295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWELL, WILLIAM S. JR.
1727 S. COUNTY HWY 393
SANTA ROSA BEACH, FL 32459 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: T () Delete
Name: STUBBS, VELMA
Address: 1474 JENKINS BLVD.
City-St-Zip: BONIFAY, FL 32425

Title: T () Delete
Name: STRICKLAND, MAXINE
Address: 2420 BROOKS DR.
City-St-Zip: BONIFAY, FL 32425

Title: T () Delete
Name: FARMER, PAULINE
Address: 2146 HWY 173
City-St-Zip: BONIFAY, FL 32425

Title: T () Delete
Name: VIARS, SUSAN
Address: 3321 SPRING VALLEY LANE
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SUSAN VIARS

T

02/06/2009

Electronic Signature of Signing Officer or Director

Date