

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90046 033 \*\*\*\*61.25

DOCUMENT # N16744

1. Corporation Name

LEE COUNTY MEDICAL SOCIETY AUXILIARY FOUNDATION,  
INC.

Principal Place of Business

3805 FOWLER STREET  
P.O. BOX 6445  
FT. MYERS FL 33911-3445  
US

Mailing Address

P.O. BOX 6445  
FT MYERS FL 33901  
US



2. Principal Place of Business

21 P.O. BOX 6445

Suite, Apt. #, etc.

22

City & State

23 FT. MYERS, FL

Zip

Country

24 33911-6445 25 USA

2a. Mailing Address

26 P.O. BOX 6445

Suite, Apt. #, etc.

27

City & State

28 FT. MYERS, FL

Zip

Country

29 33911-6445 30 USA

3. Date Incorporated or Qualified

09/10/1986

4. FEI Number

65-0117147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

WILKE, ANNE  
3805 FOWLER STREET  
FT. MYERS, FL FL 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
VD  
FLEISHMAN, LISA  
STREET ADDRESS  
7267 LAKE DRIVE S W  
CITY-ST-ZIP  
FT MYERS FL 33908

TITLE ☒ DELETE

NAME  
VD  
LIPSCHUTZ, HARRIET  
STREET ADDRESS  
8878 BANYAN COVE  
CITY-ST-ZIP  
FORT MYERS FL

TITLE ☐ DELETE

NAME  
VD  
BARROW, NANCY  
STREET ADDRESS  
11596 MAHOGANY RUN  
CITY-ST-ZIP  
FT. MYERS FL

TITLE ☒ DELETE

NAME  
TD  
MARGOLIN, FRANKY  
STREET ADDRESS  
14631 SAFE LANDING CT  
CITY-ST-ZIP  
FT MYERS FL 33908

TITLE ☒ DELETE

NAME  
SD  
MARCHILDON, KATHY  
STREET ADDRESS  
1511 WELFLEET DR  
CITY-ST-ZIP  
FT MYERS FL 33908

TITLE ☒ DELETE

NAME  
D  
SIEGEL, BARBARA  
STREET ADDRESS  
27 FALCONWOOD COURT  
CITY-ST-ZIP  
FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME  
PD  
BARROW, NANCY  
1.3 STREET ADDRESS  
11596 MAHOGANY RUN  
1.4 CITY-ST-ZIP  
FT. MYERS FL 33913

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
VD  
MARCHILDON, KATHY  
2.3 STREET ADDRESS  
11511 WELFLEET DR.  
2.4 CITY-ST-ZIP  
FT. MYERS FL 33908

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME  
SD  
FLEISHMAN, LISA  
3.3 STREET ADDRESS  
7267 LAKE DR. SW  
3.4 CITY-ST-ZIP  
FT. MYERS FL 33908

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME  
SD  
BACKSTRAND, SUE  
4.3 STREET ADDRESS  
24 WINEWOOD CT.  
4.4 CITY-ST-ZIP  
FT. MYERS FL 33919

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME  
TD  
RODRIGUEZ, MARIA J.  
5.3 STREET ADDRESS  
8526 S. LAKE CIRCLE  
5.4 CITY-ST-ZIP  
FT. MYERS FL 33908

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)