

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90043 027 ****61.25

DOCUMENT # N16744

1. Entity Name

LEE COUNTY MEDICAL SOCIETY AUXILIARY
FOUNDATION, INC.



Principal Place of Business

8805 FOWLER STREET
FT. MYERS FL 33901
US

Mailing Address

13300-56 S CLEVELAND AVE
BOX 112
FT MYERS FL 33907

2. Principal Place of Business

3805
Suite, Apt. #, etc.

3. Mailing Address

same
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0117147

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

same

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | O'MALIA, CHERI | |
| STREET ADDRESS | 1806 MONTEVISTA ST | |
| CITY-ST-ZIP | FORT MYERS FL 33901 | |
| TITLE | DV | <input checked="" type="checkbox"/> Delete |
| NAME | MARINO, KARMA | |
| STREET ADDRESS | 12460 TEAK CIRCLE | |
| CITY-ST-ZIP | FORT MYERS FL 33913 | |
| TITLE | RSD | <input checked="" type="checkbox"/> Delete |
| NAME | OVERBECK, JILLINDA | |
| STREET ADDRESS | 18260 DEEP PASSAGE LANE | |
| CITY-ST-ZIP | FORT MYERS BEACH FL 33931 | |
| TITLE | CSD | <input type="checkbox"/> Delete |
| NAME | SHAH, ANN | |
| STREET ADDRESS | 845 TOWN & RIVER DRIVE | |
| CITY-ST-ZIP | FORT MYERS FL 33919 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | TRAIGER, TARNISEN | |
| STREET ADDRESS | 2410 SW 50TH LANE | |
| CITY-ST-ZIP | CAPE CORAL FL 33914 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | | | |
|----------------|----------------------------|-----|--|--|
| TITLE | Co-President | P/D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Linda Chazal | | | |
| STREET ADDRESS | 671 N. Town & River Dr. | | | |
| CITY-ST-ZIP | Ft. Myers, FL 33919 | | | |
| TITLE | Co-President | P/D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Kynne Bacon | | | |
| STREET ADDRESS | 6932 Old Whiskey Creek Dr. | | | |
| CITY-ST-ZIP | Ft. Myers, FL 33919 | | | |
| TITLE | Treasurer | T/D | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | Glynn Garramone | | | |
| STREET ADDRESS | 3735 Oxford St. | | | |
| CITY-ST-ZIP | Ft. Myers, FL 33901 | | | |
| TITLE | RS/D | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | VP/D | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |

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:

Linda Chazal

Linda Chazal

3-1-04

239-433-2375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #