

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90031 049 ****70.00

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1. Entity Name

LEE COUNTY MEDICAL SOCIETY AUXILIARY
FOUNDATION, INC.



Principal Place of Business

3805 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

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 33901

7. Name and Address of New Registered Agent

Name

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, 2006

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
NAME
STREET ADDRESS
CITY - ST - ZIP
COP
SHAN, ANN
815 TOWNS RIVER DR
FORT MYERS FL 33919 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
COP
BACON, LYNNE
12460 TEAK CIR
FORT MYERS FL 33913 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
GARRAMONE, GLYNN
3735 OXFORD ST.
FORT MYERS FL 33901 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
ZUCKER, SHERRI
13662 PINE VILLA LANE
FORT MYERS FL 33912 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
SADIGHI, TAMMY
4849 LAUREL LANE
NORTH PALM BEACH FL 33408 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
TYSON, MICHELLE
9806 LEWARD CT
FORT MYERS FL 33919 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Trauger, Tami
2627 SW 29th Ave
Cape Coral, FL 33914 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
Kim, Jennifer
8520 Belle Meade Dr
Fort Myers, FL 33908 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
Macciaroli, Mary
2503 SE 22nd Place
Cape Coral, FL 33904 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
Sadighi, Tammy
4849 Laurel Ln.
Fort Myers, FL 33919 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Tyson, Michele
9806 Leeward Ct.
Fort Myers, FL 33919 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jennifer Kim
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-06

Date

239-770-1516

Daytime Phone #