

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N16744

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**



02052008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRAGER, TAMI
STREET ADDRESS	2627 SW 29TH AVE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	T
NAME	KIM, JENNIFER
STREET ADDRESS	8530 BELLE MEADE DR
CITY-ST-ZIP	FORT MYERS, FL 33908
TITLE	T
NAME	MACEHIAROLI, MARY
STREET ADDRESS	2503 SE 22ND PLACE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	T
NAME	LAQUIS, NICOLE
STREET ADDRESS	19846 MARKWARD CROSSING
CITY-ST-ZIP	ESTERO, FL 33928
TITLE	D
NAME	TYSON, MICHELE
STREET ADDRESS	9806 LEEWARD CT
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000824717
02/20/08-80089-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/08 237.310.994