

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16745

FILED
Mar 31, 2012
Secretary of State

Entity Name: LEE COUNTY MEDICAL SOCIETY AUXILIARY, INC.

Current Principal Place of Business:

13770 PLANTATION ROAD
SUITE #1
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

13300-56 S CLEVELAND AVE
112
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 59-1766330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGGS, BRIDGETTE M TREASUR
15620 WILLOW OAK COURT
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

ANDERSON, MARIQUITA A
17920 GREY HERON CT
FORT MYERS BEACH, FL 33931 US

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: MARIQUITA A ANDERSON

03/31/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: ANDERSON, MARIQUITA
Address: 17920 GREY HERON COURT
City-St-Zip: FORT MYERS BEACH, FL 33931 US

Title: RSEC
Name: SWEET, VICKI
Address: 5605 WHISPERING WILLOW WAY
City-St-Zip: FORT MYERS, FL 33908 US

Title: CSEC
Name: SOUTH, LISA
Address: 8698 PASEO DEVALENCIA STREET
City-St-Zip: FORT MYERS, FL 33908 US

Title: TREA
Name: HELLER, MEGAN
Address: 11371 COMPASS POINT DR
City-St-Zip: FORT MYERS, FL 33908 US

I hereby 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 all other like empowered.

SIGNATURE: MARIQUITA A ANDERSON

PRES

03/31/2012

Electronic Signature of Signing Officer or Director

Date