

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17653 (9)

1. Corporation Name

**DUVAL COUNTY MEDICAL SOCIETY AUXILIARY FOUNDATIO
N, INC.**



Principal Place of Business

**515 LOMAX STREET.
JACKSONVILLE FL 32204**

Mailing Address

**515 LOMAX STREET.
JACKSONVILLE FL 32204**

3. Date Incorporated or Qualified
11/04/1986

3a. Date of Last Report
09/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-2951817

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GILBERT, PHILIP H
515 LOMAX STREET.
JACKSONVILLE FL 32204**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **KARTSONIS, M. HOLLY**
STREET ADDRESS **8218 BAHIA BLANCA CT.**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **PEO** ☐ DELETE
NAME **DOLAN, CHERYL**
STREET ADDRESS **1205 MAPLETON RD.**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **VD** ☐ DELETE
NAME **GROBLE, MARTYE**
STREET ADDRESS **4424 ORTEGA FOREST DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **SD** ☒ DELETE
NAME **MICHAEL, ANN**
STREET ADDRESS **3649 MONTCLAIR DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **TD** ☐ DELETE
NAME **BARAKAT, LILIANE**
STREET ADDRESS **4258 ORTEGA FOREST DR.**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **SD** ☐ DELETE
NAME **MAYER, PENNY**
STREET ADDRESS **4539 BASS PL. S.**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**Secretary (s)
Laurie McDonagh
2636 Forest Circle
Jacksonville, FL 32257**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Holly Kartsonis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Holly Kartsonis

2/1/96
Date

645-5526
Daytime Phone #

CR2E037 (12/95)