FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:00

DOCUMENT # N18370 (9)

1. Corporation Name

PALM BEACH COUNTY MEDICAL SOCIETY AUXILIARY FOUN DATION, INC.

Principal Place of Business	Mailing Address
C/O JEAN WICKEN 3540 FOREST HILL BLVD. WEST PALM BEACH FL 33406	C/O JEAN WICKEN 3540 FOREST HILL BLVD. WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/19/1986
3a. Date of Last Report: 03/18/1994
4. FEI Number: 65-0148875 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WICKEN, JEAN 3540 FOREST HILL BLVD. WEST PALM BEACH FL 33406	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PE	1.1 TITLE	PE ☐ Change ☐ Addition
NAME	MCCORMICK, LAURA H	1.2 NAME	Catanzoro, Lisa
STREET ADDRESS	744 SEA SAGE DR	1.3 STREET ADDRESS	1017 N Olive Ave
CITY-ST-ZIP	DELRAY BCH FL	1.4 CITY-ST-ZIP	W. Palm Beach, Fl 33401
TITLE	V	2.1 TITLE	V ☐ Change ☐ Addition
NAME	CATANZARO, LISA	2.2 NAME	Thebaut, Sugar
STREET ADDRESS	1017 NO OLIVE AVE	2.3 STREET ADDRESS	12980 N Shore Drive
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	Lake Park, Fl 33410
TITLE	T	3.1 TITLE	T ☑ Change ☐ Addition
NAME	TODORAN, GREGORY	3.2 NAME	Lashyay, Nancy
STREET ADDRESS	4001 NO OCEAN BLVD #1201	3.3 STREET ADDRESS	356 Palm Trail
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Delray Beach Fl 33483
TITLE	PD	4.1 TITLE	PD ☑ Change ☐ Addition
NAME	DRUMHELLER, LAURIE	4.2 NAME	McCormick, Laura
STREET ADDRESS	2270 BAY VILLAGE COURT	4.3 STREET ADDRESS	744 Sea Sage Dr
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	Delray Beach Fl 33483
TITLE	AT	5.1 TITLE	AT ☐ Change ☑ Addition
NAME	COONEY, CATHY	5.2 NAME	Cooney, Cathy
STREET ADDRESS	PO BOX 467 NA	5.3 STREET ADDRESS	PO Box 467 NA
CITY-ST-ZIP	PALM BEACH FL	5.4 CITY-ST-ZIP	Palm Beach Fl 33480
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(i), 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: Nancy Lashway Treasurer 1/12/95 407-243-3778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011002