

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

FILED  
96 MAY 10 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N18370 (9)

1. Corporation Name

PALM BEACH COUNTY MEDICAL SOCIETY AUXILIARY FOUNDATION, INC.

Principal Place of Business

C/O JEAN WICKEN  
3540 FOREST HILL BLVD.  
WEST PALM BEACH FL 33406

Mailing Address

C/O JEAN WICKEN  
3540 FOREST HILL BLVD.  
WEST PALM BEACH FL 33406



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3. Date Incorporated or Qualified  
12/19/1986

3a. Date of Last Report  
01/23/1995

2. Principal Place of Business  
21 3540 Forest Hill Blvd  
Suite, Apt. #, etc.

2a. Mailing Address  
26 3540 Forest Hill Blvd  
Suite, Apt. #, etc.

4. FEI Number  
65-0148875  
Applied For  
Not Applicable

22 City & State  
23 West Palm Beach, FL  
24 Zip 33406  
25 Country USA

27 City & State  
28 West Palm Beach, FL  
29 Zip 33406  
30 Country USA

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

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 N/A  
84 City  
85 Zip Code FL

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 box if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PE	CATANZARO, LISA	1017 N. OLIVE AVE	W. PALM BEACH FL	<input checked="" type="checkbox"/>
V	THEBAUT, SUGAR	12980 N. SHORE DRIVE	LAKE PARK FL	<input checked="" type="checkbox"/>
T	LASHUAY, NANCY	325 PALM TRAIL	DELRAY BEACH FL	<input checked="" type="checkbox"/>
PD	MCCORMICK, LAURA	744 SEA SAGE DR.	DELRAY BEACH FL	<input checked="" type="checkbox"/>
AT	COONEY, CATHY	P.O. BOX 467	PALM BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Pres.	Lisa Catanzaro	1017 N. Olive Ave	W. Palm Beach, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V.P.	Mary Lou Schillinger	1 Beachway Dr	Ocean Ridge FL 33435	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Carolyn Baynham (Baynham)	8 Eastwinds Cr.	Tequesta, FL 33469	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treas.	Elizabeth Thebaut	12980 N. Shore Dr.	Palm Beach Gardens, FL 33410	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ass. st. Treas	Roshan Mossoumi	309 Wells Rd.	Palm Beach, FL 33480	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pres. Elect.	Nancy Lambrecht	3067 Mainsail Cr.	Jupiter, FL 33477	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-96

Date

Daytime Phone #

407-622-3404

CR2E037 (12/95)