FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra-Si Bortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N18370

1. Corporation Name

(9)

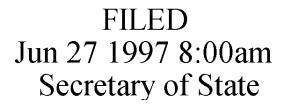
PALM BEACH COUNTY MEDICAL SOCIETY AUXILIARY FOUN DATION, INC.

Principal Place of Business

Mailing Address

A . Graduation Merchanism

3540 FOREST HILL BLVD. WEST PALM BEACH FL 33406 3540 FOREST HILL BLVD. WEST PALM BEACH FL 33406-5817





					3. Date Incorporated or Qualified 3a. 12/19/1986	Date of Last Report 05/10/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	
21	<u> </u>				65-0148875	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional	
22 27					5. Certificate of Status Desired	Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23 28					Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	r	8. This corporation has liability for intangit		
			30		Florida Statutes Yes No		
	9. Name and Address of Curre	nt Registered Agent	Name				
				81 Name			
WICKEN, JEAN				82 Street Address (P.O. Box Number is Not Acceptable)			
3540 FOREST HILL BLVD.				83			
WEST PALM BEACH FL 33406				63			
•				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							
1 office or registered egent, or both, in the State of Florida, Such change was authorized by the cornoration's board of directors. Liberary 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 reinstating) DATE							
12.		ND DIRECTORS	13.	and signature reduc	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	5	DELETE	1.1 TITLE	IV		☐ Change ☐ Addition	
NAME	CATANZARO, LISA	•	1.2 NAME	12	ewental, Lila	•	
STREET ADDRESS	1017 N. OLIVE AVE.		1.3 STREE	ADDRESS 9	71 Aupress Drive		
CITY-ST-ZIP	W. PALM BEACH FL	٠.	1.4 CITY-	ST-ZIP	Wray Beach, FL	33483	
TITLE	V	DELETE	2.1 TITLE			Change Addition	
NAME	SCHILLINGER, MARY LOU		2.2 NAME	Là	a Grange, Judith		
STREET ADDRESS	1 BEACHWAY DR.		2.3 STREE	T ADDRESS	03 Lexination Dri	ive	
CITY-ST-ZIP	OCEAN RIDGE FL 33435		2. 4 CITY -	ST-ZIP R	oral Palm Beach	FL 33411	
TITLE	\$	DELETE	3.1 TITLE	9		Change Addition	
NAME	THEBAUT, ELIZABETH		3.2 NAME	X	avier, Koseman	4	
STREET ADDRESS	12980 N. SHORE DR.		3 3 STREE	T ADDRESS 7	48 Lakeside Driv	La source	
CITY-ST-ZIP	PALM BEACH GARDENS FL		3 4. CITY -	ST-ZIP	orth Palm Beach	, FL 33400	
TITLE	Ţ	☐ DELETE	4 1 TITLE	$ \ell$	1 .	Change LA Addition	
NAME	MASSOUMI, ROSHAN		4 2 NAME	ے ا	nas, Theresa		
STREET ADDRESS	309 WELLS RD.		4.3 STREE	TADDRESS 🐊	O. S. Harpour Div	セマンス	
CITY-ST-ZIP	PALM BEACH FL 33480		4.4 CITY-	31 - ZIP	Cean Ridge, PL	559 J	
TITLE	P	☐ DELETE	5.1 TITLE	17	he down to the language	Change Addition	
NAME	LAMBRECHT, NANCY	•	5.2 NAME		icumica, Laura	,	
STREET ADDRESS	3067 MAINSAIL CIR		5.3 STREE	TADDRESS A	44 Sea Sage Drive		
CITY-ST-ZIP	JUPITER FL 33477	T DELETE	5.4 CITY-	ST-ZIP	elray Beach, Fr	○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	
TITLE		☐ DELETE	6.1 TITLE		•	☐ Change ☐ Addition	
NAME			6.2 NAME				
STREET ADDRESS	•.			T ADDRESS			
CITY-\$T-ZIP	and the later series are all	ad with this filing does not ave	6.4 CiTY-	ST-ZIP	id in Section 119.07/3\/i). Florida Statuton Litural	ther certify that the	
14. I do hereby certify that the information supplied with this filing 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.							