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Jun 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra S. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N18370 (9)

1. Corporation Name

PALM BEACH COUNTY MEDICAL SOCIETY AUXILIARY FOUNDATION, INC.

Principal Place of Business

3540 FOREST HILL BLVD.  
WEST PALM BEACH FL 33406

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified  
12/19/1986

3a. Date of Last Report  
05/10/1996

4. FEI Number  
65-0148875

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

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME CATANZARO, LISA  
STREET ADDRESS 1017 N. OLIVE AVE.  
CITY-ST-ZIP W. PALM BEACH FL ☒ DELETE

TITLE V  
NAME SCHILLINGER, MARY LOU  
STREET ADDRESS 1 BEACHWAY DR.  
CITY-ST-ZIP OCEAN RIDGE FL 33435 ☒ DELETE

TITLE S  
NAME THEBAUT, ELIZABETH  
STREET ADDRESS 12980 N. SHORE DR.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☒ DELETE

TITLE Y  
NAME MASSOUMI, ROSHAN  
STREET ADDRESS 309 WELLS RD.  
CITY-ST-ZIP PALM BEACH FL 33480 ☐ DELETE

TITLE P  
NAME LAMBRECHT, NANCY  
STREET ADDRESS 3067 MAINSAIL CIR  
CITY-ST-ZIP JUPITER FL 33477 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V  
1.2 NAME Lewental, Lila  
1.3 STREET ADDRESS 971 Cypress Drive  
1.4 CITY-ST-ZIP Delray Beach, FL 33483 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME La Grange, Judith  
2.3 STREET ADDRESS 103 Lexington Drive  
2.4 CITY-ST-ZIP Royal Palm Beach, FL 33411 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME Xavier, Rosemary  
3.3 STREET ADDRESS 748 Lakeside Drive  
3.4 CITY-ST-ZIP North Palm Beach, FL 33408 ☐ Change ☒ Addition

4.1 TITLE P  
4.2 NAME Vinas, Theresa  
4.3 STREET ADDRESS 50. S. Harbour Drive  
4.4 CITY-ST-ZIP Ocean Ridge, FL 33435 ☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME McCormick, Laura  
5.3 STREET ADDRESS 744 Sea Sage Drive  
5.4 CITY-ST-ZIP Delray Beach, FL 33483 ☐ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

CR2E037 (9/96)