


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90153 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N18370					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/19/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0148875	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			
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 Tenna Wiles 82 Street Address (P.O. Box Number is Not Acceptable) 3540 FOREST HILL BLVD 83 84 City WEST PALM BEACH		
			85 Zip Code FL 33406		

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

Tenna Wiles
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWENTA, LILA	1.2 NAME	
STREET ADDRESS	971 CYPRESS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGRANGE, JUDITH	2.2 NAME	
STREET ADDRESS	103 LEXINGTON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	President-Elect <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XAVIER, ROSEMARY	3.2 NAME	
STREET ADDRESS	748 LAKESIDE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINAS, THERESA	4.2 NAME	Director
STREET ADDRESS	50 S HARBOUR DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMBRECHT, NANCY	5.2 NAME	Wendy Stone <i>Delete</i>
STREET ADDRESS	3067 MAINSAIL CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL 33477	5.4 CITY-ST-ZIP	2601 Tecumsh Dr West Palm Beach FL 33409
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	MCCORMICK, LAURA	6.2 NAME	
STREET ADDRESS	744 SEA SAGE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Tenna Wiles
 SIGNATURE AND TYPED NAME OF REGISTERED AGENT OR SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)