

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26114 (1)

1. Corporation Name

CLAY COUNTY MEDICAL SOCIETY AUXILIARY, INC.



Principal Place of Business

Mailing Address

% MARGE HUTTON
2610 HOLLY POINT ROAD WEST
ORANGE PARK FL 32073

% MARGE HUTTON
2610 HOLLY POINT ROAD WEST
ORANGE PARK FL 32073

3. Date Incorporated or Qualified
04/26/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUTTON, MARGE
2610 HOLLY POINT ROAD WEST
ORANGE PARK FL 32073

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HUTTON, MARGE
STREET ADDRESS 2610 HOLLY POINT RD WEST
CITY-ST-ZIP ORANGE PARK FL

DELETE

TITLE PD
NAME GIFFORD, FAYNE
STREET ADDRESS 5035 HARVEY GRANT RD
CITY-ST-ZIP ORANGE PARK FL

DELETE

TITLE TD
NAME EALLSTEIN, SUE
STREET ADDRESS 2628 TACITO TR
CITY-ST-ZIP JACKSONVILLE FL

DELETE

TITLE PD
NAME CASTELLI, BARBARA
STREET ADDRESS 1702 SHORELINE PL
CITY-ST-ZIP ORANGE PARK FL

DELETE

TITLE SD
NAME GRIFFIN, CLARK
STREET ADDRESS 1375 SOUTHSORE DR
CITY-ST-ZIP ORANGE PARK FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

PD
Cahill, Dottie
6339 Fleming Dr.
GCS FL

TD
Lin, Shin-Shin
2535 Country Club Blvd.
OP FL

PD
Caplin, Brooke
2785 Holly Point East
OP FL

SD
Session, Pat
2732 Forest Oaks Dr.
OP FL

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: *Shin Shin Lin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000903

CR2E037 (3/96)