

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26114 (1)
1. Corporation Name
CLAY COUNTY MEDICAL SOCIETY AUXILIARY, INC.



Principal Place of Business % MARGE HUTTON 2610 HOLLY POINT ROAD WEST ORANGE PARK FL 32073	Mailing Address % MARGE HUTTON 2610 HOLLY POINT ROAD WEST ORANGE PARK FL 32073-5406
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3. Date Incorporated or Qualified 04/26/1988	3a. Date of Last Report 07/02/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2885783	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HUTTON, MARGE 2610 HOLLY POINT ROAD WEST ORANGE PARK FL 32073	
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10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME HUTTON, MARGE	
STREET ADDRESS 2610 HOLLY POINT RD WEST	
CITY-ST-ZIP ORANGE PARK FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME CAHILL, DOTTIE	
STREET ADDRESS 6339 FLEMMING DRIVE	
CITY-ST-ZIP GCS FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME LIN, SHIN-SHIN	
STREET ADDRESS 2532 COUNTRY CLUB BLVD	
CITY-ST-ZIP OP FL	
TITLE PED	<input type="checkbox"/> DELETE
NAME CAPLIN, BROOKE	
STREET ADDRESS 2785 HOLLY POINT EAST	
CITY-ST-ZIP OP FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME SESSION, PAT	
STREET ADDRESS 2732 FOREST OAKS DR	
CITY-ST-ZIP ORANGE PARK FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD Caplin, Brooke
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Orange Park, FL 32073
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Gilligan, Joanne
3.3 STREET ADDRESS	2557 Huntington Way
3.4 CITY-ST-ZIP	Orange Park, FL 32073
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PED Wilcox, Kathleen
4.3 STREET ADDRESS	2763 Holly Point Rd. East
4.4 CITY-ST-ZIP	Orange Park, FL 32073
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SD Sladek, Linda
5.3 STREET ADDRESS	1947 Salt Myrtle Ln.
5.4 CITY-ST-ZIP	Orange Park, FL 32073
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)