2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2005
Secretary of State

DOCUMENT# N26114

Entity Name: CLAY COUNTY MEDICAL SOCIETY AUXILIARY, INC.

Current Principal Place of Business:

% ELAINE GEHRET
2582 ADMIRAL'S WALK DR. S.
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

% ELAINE GEHRET
2582 ADMIRAL'S WALK DR. S.
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-2885783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEHRET, ELAINE
2582 ADMIRAL'S WALK DR. S.
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GEHRET, ELAINE
Address: 2582 ADMIRAL'S WALK DR S
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: WILCOX, KATHLEEN
Address: 2763 HOLLY PT RD E
City-St-Zip: ORANGE PARK, FL 32073

Title: PD ( ) Delete
Name: POWERS, MARTA
Address: 2005 SALT MYRTLE LANE
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE GEHRET TRES 04/24/2005

Electronic Signature of Signing Officer or Director — Date