2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

attachment with an address, with all other like empowered.

if changed, or on

SIGNATURE:

Apr 04, 2006 8:00 am Secretary of State DOCUMENT # N26114 1. Entity Name 04-04-2006 90048 018 ****70.00 CLAY COUNTY MEDICAL SOCIETY AUXILIARY, INC. Principal Place of Business Mailing Address % ELAINE GEHRET 2582 ADMIRAL'S WALK DR. S. ORANGE PARK FL 32073 % ELAINE GEHRET 2582 ADMIRAL'S WALK DR. S. ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailipg Address TO MARGARET Hatton c/o Margaret Suite, Apt. #, etc. 2618 No 114 Point word 2610 Holly Coint Was 1st MOORE CR2E037 (10/05) CIDO SIANGE PARIL. ORANGE PARK 4. FEI Number Applied For 59-2885783 Not Applicable Country SA 72073 \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RGARET Hutton GEHRET, ELAINE O. Box Number is Not Acceptable) 2582 ADMIRAL'S WALK DR. S. **ORANGE PARK FL 32073** ANGE PARK 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE ed agent and title if supplical ARGARE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees , . 10. "OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MARGARET Hutton Change lD A Delete GEHRET, ELAINE NAME 2610 Holly Coint west NAME 2582 ADMIRAL'S WALK DR S STREET ADDRESS STREET ADDRESS DRANGE PARK, FL 32073 ORANGE PARK FL 32073 CITY-ST-7IP CITY-ST-ZIP D ☐ Change ☐ Addition TITLE ☐ Delete TITLE WILCOX, KATHLEEN NAME NAME STREET ADDRESS 2763 HOLLY PT RD E STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP CITY-ST-ZIP TITE Delete TITLE Change - 🗀 Addition POWERS, MARTA NAME NAME STREET ADDRESS 2005 SALT MYRTLE LANE STREET ADDRESS **ORANGE PARK FL 32003** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11

FILED

MARGARET HUHOW 3/20/06 269-3642