

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

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-17-2006 90069 023 *****8.75
03-14-2006 90027 013 *****52.50

DOCUMENT # N27527					
1. Entity Name WEST BOCA MEDICAL CENTER VOLUNTEER AUXILIARY, INC.					
Principal Place of Business 21644 STATE ROAD 7 (HWY. 441) BOCA RATON FL 33428 US			Mailing Address 21644 STATE ROAD 7 (HWY. 441) BOCA RATON FL 33428 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0095362	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOOM, CLARENCE 9155 FLYNN CIRCLE APT #4 BOCA RATON FL 33496				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____					
FILE NOW - FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	ATD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLA, MILGRIM		NAME	TURGEL, George	
STREET ADDRESS	9070 TRACEY COURT		STREET ADDRESS	3017 Lincoln "A"	
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP	Boca Raton, Fla. 33434	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	SECT.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLINS, EDWARD		NAME	TURGEL, HARRIET	
STREET ADDRESS	10902 HIDDEN LAKE PL		STREET ADDRESS	3017 Lincoln "A"	
CITY-ST-ZIP	BOCA RATON FL 33498		CITY-ST-ZIP	Boca Raton, Fla. 33434	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PARLIAMENTARIAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, CLARENCE		NAME	BLOOM, ELEANOR	
STREET ADDRESS	9155-4 FLYNN CIRCLE		STREET ADDRESS	9155 FLYNN CIR. #4	
CITY-ST-ZIP	BOCA RATON FL 33496		CITY-ST-ZIP	BOCA RATON, FLA. 33496	
TITLE	RUTHERFORD CAROL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS	22211 Festival Way		STREET ADDRESS		
CITY-ST-ZIP	Boca Raton Fla. 33428		CITY-ST-ZIP		
TITLE	VPD 1ST.	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNE LA FEVER		NAME		
STREET ADDRESS	10240 Boca Bend W Ivy 2		STREET ADDRESS		
CITY-ST-ZIP	Boca Raton, Fla. 33428		CITY-ST-ZIP		
TITLE	VPD 2ND	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, EDITH		NAME		
STREET ADDRESS	9540 Taormina St.		STREET ADDRESS		
CITY-ST-ZIP	Lake Worth, Fla. 33467		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Clarence L. Bloom</u>			Date: <u>2/04/06</u> 488-8178 561-852-0132		



ATTACHMENT

40030818

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2006

WEST BOCA MEDICAL CENTER VOLUNTEER AUXILIARY, INC.
21644 STATE ROAD 7 (HWY. 441)
BOCA RATON, FL 33428 US

Subject: WEST BOCA MEDICAL CENTER VOLUNTEER AUXILIARY, INC.

Reference Number: N27527

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$8.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$52.50.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION