

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35171

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** ST. JOHN'S COUNTY MEDICAL SOCIETY AUXILIARY FOUNDATION, INC.

**Current Principal Place of Business:**

400 HEALTH PARK BLVD  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

7436 A 1 A SOU  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 59-2948850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWN, STELLA B TREASUR  
7436 A 1 A SOUTH  
ST. AUGUSTINE, FL 32080 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:** P  
**Name:** BROWN, STELLA  
**Address:** 7436 A1A SOUTH  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

**Title:** VP  
**Name:** OLDS, ANN  
**Address:** 251 SOUTH MATANZAS BLVD  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

I hereby 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 all other like empowered.

**SIGNATURE:** LINDA ANN OLDS

VP

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date