FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1000



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	1990			
POCU!	MENT # N3712	9 (6)		
•	rmen's Hospital Auxilia	BV INC		
I IOIIC.	BYILIY O HOU! HOL DONGE	ATT INO		I CODINER LOS HAN ADOLINAS HAN ADOLINAS POR CONTRA DE LA CONTRA CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE
Colo - Ingl Dies	- 10:-1	A dia Diamana di Andrea di Angeles di Angele		
Principal Place of Business Mailing Address				
P.O. BOX 504450 MARATHON FL 33050-4450		P.O. BOX 504450 MARATHON FL 33050-4450		3. Date Incorporated or Qualified
MINDS PROPERTY.	######################################	MINITED IN PROPERTY		03/12/1990 4. FEI Number Applied For
				4. FEI Number Applied For 65-0183514 Not Applicable
2. Principal P	Place of Business	2s. Mailing Address		5. Certificate of Status Desired S8.75 Additional
21		28		Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State	θ	City & State		7. Is this nonprofit corporation a homeowners association?
23		28		☐ Yes 🕅 No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	9. Name and Address of Currer	29 30 nt Registered Agent	<u>'l</u>	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
· · ·	***************************************		81 Nam	
MILLER, ROBERT K.			82 Stree	reet Address (P.O. Box Number is Not Acceptable)
2975 OVERSEAS HWY.			<u> </u>	cot nations (1.0. por trained to not receptable)
MARATHON FL 33050			83	
			84 City	ty FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the a			the above-name	7 — 1 1
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was auth lations of, Section 617.0503, Florid	norized by the classifier in t	med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE .				
12.	Signature, typed or printed name of registered age OFFICERS AN	ont and little if applicable (NOTE: Re ID DIRECTORS	ogisterad Apent signal	nature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	Change Addition
NAME	MONTGOMERY, SYLVIA		1.2 NAME	WHL JEANNE TIX NOW ST. OCEAN
STREET ADDRESS	65 TINGLER LANE		1.3 STREET ADDRES	TIR LOW ST. EURAN
CITY - ST - ZIP	MARATHON FL 33050	DECETE	1.4 CITY-ST-ZIP	MARATHON, FI 33050 VLANDWER, VIRGINIA Change Addition
TITLE NAME	UHL, JEANNE	LJ OKCEIL	2.1 TITLE 2.2 NAME	LANDWER, VIK GIVIA LA VIGING LA PROPRIETA
STREET ADDRESS	712 26TH ST. OCENA		2.3 STREET ADDRES	Hol 664 ST, Ocean
CITY-ST-ZIP	MARATHON FL 33050		2.4 CITY-ST-ZIP	MAR AT 400, 1-1 23050
TITLE	T	☐ DELETE	3.1 TITLE	Change Addition
NAME	SKINGER, ALICE	· ·	3.2 NAME	SAME
STREET ADDRESS	1016 W 75TH ST OCEAN MARATHON FL 33050		3.3 STREET ADDRES 3.4. CITY-ST-ZIP	·
CITY-ST-ZIP TITLE	D D	☐ DELETE	4.1 TITLE	Change Addition
NAME	ANDREWS, JOY		4. 2 NAME	The struct
STREET ADDRESS	555 W 63RD ST OCEAN		4.3 STREET ADDRES	DO BOX 510 VAX
CITY-ST-ZIP	MARATHON FL 33050	L Norte	4.4 CITY - ST - ZIP	KEL COLONG BOH'LL >2001
TITLE	CHADIN BETTVE	☐ DELETE	5.1 TITLE	DIHILAND, WAYNE Change Addition P.O. BOX 385 NIA
NAME STOCET ADDRESS	CHAPLIN, BETTYE 5190 OVERSEAS HWY		5.2 NAME 5.3 STREET ADDRES	P.O. BOX 385 NA
STREET ADDRESS CITY - ST - ZIP	MARATHON FL 33050		5.4 CITY-ST-ZIP	MERETHOU, FI 33050
TITLE	D	DELETE	6.1 TITLE	MONTGOMERY, SALVIA Change Addition
NAME	HOLMES, MARGE		6.2 NAME	65 TIUGLER LANE
STREET ADDRESS	11275 6TH AVE GULF		6.3 STREET ADDRES	ESS MARATHOU, FI 33050

MARATHON FL 33050 6.4 CITY-ST-ZIP 14. I 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.

SIGNATURE:

7/11/98 305.743.6447

FILED

Mar 11 1998 8:00am

Secretary of State