


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N37129 (6) 1. Corporation Name FISHERMEN'S HOSPITAL AUXILIARY, INC.					
Principal Place of Business P.O. BOX 504450 MARATHON FL 33050-4450			Mailing Address P.O. BOX 504450 MARATHON FL 33050-4450		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/12/1990 4. FEI Number 65-0183514 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MILLER, ROBERT K. 2975 OVERSEAS HWY. MARATHON FL 33050				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS 1.1 TITLE P 1.2 NAME MONTGOMERY, SYLVIA 1.3 STREET ADDRESS 65 TINGLER LANE 1.4 CITY-ST-ZIP MARATHON FL 33050 1.5 TITLE V 1.6 NAME UHL, JEANNE 1.7 STREET ADDRESS 712 26TH ST. OCENA 1.8 CITY-ST-ZIP MARATHON FL 33050 1.9 TITLE T 2.0 NAME SKINGER, ALICE 2.1 STREET ADDRESS 1016 W 75TH ST OCEAN 2.2 CITY-ST-ZIP MARATHON FL 33050 2.3 TITLE D 2.4 NAME ANDREWS, JOY 2.5 STREET ADDRESS 555 W 63RD ST OCEAN 2.6 CITY-ST-ZIP MARATHON FL 33050 2.7 TITLE D 2.8 NAME CHAPLIN, BETTYE 2.9 STREET ADDRESS 5180 OVERSEAS HWY 3.0 CITY-ST-ZIP MARATHON FL 33050 2.9 TITLE D 3.0 NAME HOLMES, MARGE 3.1 STREET ADDRESS 11275 6TH AVE GULF 3.2 CITY-ST-ZIP MARATHON FL 33050					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 3.1 TITLE P 3.2 NAME UHL, JEANNE 3.3 STREET ADDRESS 712 26TH ST. OCEAN 3.4 CITY-ST-ZIP MARATHON, FL 33050 3.5 TITLE V 3.6 NAME LANDWER, VIRGINIA 3.7 STREET ADDRESS 401 66TH ST. OCEAN 3.8 CITY-ST-ZIP MARATHON, FL 33050 3.9 TITLE 3.10 NAME 3.11 STREET ADDRESS 3.12 CITY-ST-ZIP 3.13 TITLE D 3.14 NAME GILL, DOROTHY 3.15 STREET ADDRESS P.O. BOX 510728 3.16 CITY-ST-ZIP Key Colony Bch, FL 33051 3.17 TITLE D 3.18 NAME HILAND, WAYNE 3.19 STREET ADDRESS P.O. BOX 385 3.20 CITY-ST-ZIP MARATHON, FL 33050 3.21 TITLE D 3.22 NAME MONTGOMERY, SYLVIA 3.23 STREET ADDRESS 65 TINGLER LANE 3.24 CITY-ST-ZIP MARATHON, FL 33050					

SIGNATURE: *Sandra B. Mortham* Treas

2/11/98 305.743.6447

CR2E037 (1097)