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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90030 050 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N37129**

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

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

03/12/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0183514

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, ROBERT K.  
2975 OVERSEAS HWY.  
MARATHON FL 33050**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UHL, JEANNE	1.2 NAME	
STREET ADDRESS	712 26TH ST OCEAN	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL 33050	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDWER, VIRGINIA	2.2 NAME	
STREET ADDRESS	401 66TH ST OCEAN	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL 33050	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKINGER, ALICE	3.2 NAME	
STREET ADDRESS	1016 W 75TH ST OCEAN	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL 33050	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILL, DOROTHY	4.2 NAME	
STREET ADDRESS	P.O. BOX 510728 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARATHON FL 33051	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILAND, WAYNE	5.2 NAME	SECRETARY
STREET ADDRESS	P.O. BOX 385 N/A	5.3 STREET ADDRESS	LARSON, DOLORES
CITY-ST-ZIP	MARATHON FL 33050	5.4 CITY-ST-ZIP	1361 OVERSEAS HWY CA
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	MARATHON, FL 33050
NAME	MONTGOHERY, SYLVIA	6.2 NAME	
STREET ADDRESS	65 TINGLER LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

1/14/98 305-743-6147

CR2E037 (11/98)