

DOCUMENT # N37129

1. Entity Name

FISHERMEN'S HOSPITAL AUXILIARY, INC.**FILED**
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90013 008 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 504450
MARATHON FL 33050-4450P.O. BOX 504450
MARATHON FL 33050-4450

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

65-0183514

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☒ Delete**J.P.**
UHL, JEANNE
712 26TH ST OCEAN
MARATHON FL 33050TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete*** P**
LANDWER, VIRGINIA
401 66TH ST OCEAN
MARATHON FL 33050TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**T**
SKINGER, ALICE
1016 W 75TH ST OCEAN
MARATHON FL 33050TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**D**
GILL, DOROTHY
P.O. BOX 510728 N/A
MARATHON FL 33051TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**S**
LARSON, DOLORES
1361 OVERSEAS HWY C2
MARATHON FL 33050TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**D**
MONTGOMERY, SYLVIA
65 TINGLER LANE
MARATHON FL 33050TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☒ Addition**V.P.**
WILSON & POLYANUN
P.O. Box 510075
Key Colony Beach, FL 33051TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ Addition

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/00 305-743-6147

CR: E037 (9/99)