

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37129

1. Entity Name

FISHERMEN'S HOSPITAL AUXILIARY, INC.

FILED
May 28, 2002 8:00 am
Secretary of State

04-24-2002 90365 015 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 504450
MARATHON FL 33050-4450

P.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

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 \$61.25

9. 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 VP
NAME POLLYANN, WILSON
STREET ADDRESS P O BOX 518875
CITY-ST-ZIP KEY COLONY BCH FL 33051 ☒ Delete

TITLE PRES
NAME DOROTHY QUSHMAN
STREET ADDRESS P.O. BOX 510865 DIR
CITY-ST-ZIP Key Colony BCH, FL 33051 ☒ Change ☐ Addition

TITLE V
NAME LANDWER, VIRGINIA
STREET ADDRESS 401 68TH ST OCEAN
CITY-ST-ZIP MARATHON FL 33050 ☒ Delete

TITLE V. PRES. DIRECTOR
NAME BOSS DIBZEL
STREET ADDRESS P.O. BOX 522457
CITY-ST-ZIP MARATHON SHORES, FL 33052 ☒ Change ☐ Addition

TITLE T
NAME SKINGER, ALICE
STREET ADDRESS 1016 W 75TH ST OCEAN
CITY-ST-ZIP MARATHON FL 33050 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GILL, DOROTHY
STREET ADDRESS P.O. BOX 510728 N/A
CITY-ST-ZIP MARATHON FL 33051 ☒ Delete

TITLE DIRECTOR
NAME JEANNE WIL
STREET ADDRESS 712 26th ST
CITY-ST-ZIP MARATHON, FL 33050 ☒ Change ☒ Addition

TITLE S
NAME LARSON, DOLORES
STREET ADDRESS 1381 OVERSEAS HWY C2
CITY-ST-ZIP MARATHON FL 33050 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DIRECTOR
NAME MONTGOMERY, SYLVIA
STREET ADDRESS 65 TINGLER LANE
CITY-ST-ZIP MARATHON FL 33050 ☐ Delete

TITLE
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 #

CR2E037 (9/01)