


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90028 008 \*\*\*\*61.25

<b>DOCUMENT # N37129</b> 1. Entity Name <b>FISHERMEN'S HOSPITAL AUXILIARY, INC.</b>					
Principal Place of Business <b>3301 OVERSEAS HWY MARATHON, FL 33050</b>			Mailing Address <b>3301 OVERSEAS HWY MARATHON, FL 33050</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0183514</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MILLER, ROBERT K. 2975 OVERSEAS HWY. MARATHON, FL 33050</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D- MONTGOMERY, SYLVIA <input type="checkbox"/> Delete 65 TINGLER LANE MARATHON, FL 33050			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KANE, BERTHA <input checked="" type="checkbox"/> Delete 389 ANGLERS DRIVE, N. APT 103 MARATHON, FL 33050			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shaffer, Marjorie <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P. O. Box 522512 Marathon Shores, FL 33052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIEZEL, ROSE <input type="checkbox"/> Delete PO BOX 522457 MARATHON SHORES, FL 33052			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UHL, JEANNE <input checked="" type="checkbox"/> Delete 712 26TH ST OCEAN MARATHON, FL 33050			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARSON, DOLORES <input type="checkbox"/> Delete 1361 OVERSEAS HWY C2 MARATHON, FL 33050			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUGHMAN, JOSEPHINE <input type="checkbox"/> Delete 1022 E 75TH ST OCEAN MARATHON, FL 33050			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>JOSEPHINE BAUGHMAN</i> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2/18/06 305-743-5533 _____ Date Daytime Phone #	