2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED Feb 29, 2008 8:00 am

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| DOCUMENT # N37129 1. Entity Name FISHERMEN'S HOSPITAL AUXILIARY, INC. | | | | | Secretary of State 02-29-2008 90028 008 ****61.25 | | | | |
| | | | | 1115 | | | | | |
| Principal Place of Business 3301 OVERSEAS HWY MARATHON, FL 33050 | | Mailing Address 3301 OVERSEAS HWY MARATHON, FL 33050 | | . ! | นูบงจ | • - • | | | • |
| | | 1.2.3.15 | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | 1 (E3)444 | 1111 1 1111 1 11 111 1 11 11 1 | 1811 2001) BIBD 9001 8121 | IS USUAL USALI | HB: 0) (EE) |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01142008 | Chg-NP | CR2E037 (1 | 12/06) | |
| City & State | | City & State | | | 4. FEI Number 65-0183 | | | | plied For t Applicable |
| Zip | Country | Zip | Country | | 5. Certificate of | f Status Desired | | 75 Add Required | |
| | 6. Name and Address of Current | Registered Agent | - | | 7. Name and | Address of Nev | Registered Ager | ył | |
| | | | Name | | | | | | |
| MILLER, ROBERT K. 2975 OVERSEAS HWY. MARATHON, FL::33050 | | | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | | | | | |
| | | | City | | | | FL | Zip Code | 9 |
| | named entity submits this statement for ions of registered agent. | r.the purpose of changing | its registered office | or register | ed agent, or both | , in the State of | Florida. I am famil | liar with, | and accept |
| SIGNATURE . | | | | | | | | | |
| | Signature, typed or printed name of registered agent | and title if applicable. (| NOTE: Registered Agent sig | nature required | when reinstating) | | DATE | | • |
| | Signature, speed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008 | 9. Election | NOTE: Registered Agent signormal sig | | \$5.00 May Be Added to Fees | F | Make check pa | | |
| 10. | Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Trust Fur | Campaign Financing ad Contribution. | <u> </u> | \$5.00 May Be Added to Fees | F | Make check pa lorida Departme | nt of St | ate |
| 10. | Filing Fee is \$61.25 | 9. Election Trust Fur | Campaign Financing | <u> </u> | \$5.00 May Be Added to Fees | F | Make check pa lorida Departme | nt of St | ate |
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Indicated diffusive 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.

TOSEPHINE BHUGHAMA