

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37129

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Entity Name:** FISHERMEN'S HOSPITAL AUXILIARY, INC.

**Current Principal Place of Business:**

3301 OVERSEAS HWY  
MARATHON, FL 33050

**New Principal Place of Business:**

**Current Mailing Address:**

3301 OVERSEAS HWY  
MARATHON, FL 33050

**New Mailing Address:**

**FEI Number:** 65-0183514

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MONTGOMERY, SYLVIA  
Address: 65 TINGLER LANE  
City-St-Zip: MARATHON, FL 33050

Title: D  
Name: BAKER, DIANA  
Address: 1140 76TH STREET, OCEAN  
City-St-Zip: MARATHON, FL 33050

Title: P  
Name: SCHWARTZ, JOANNE  
Address: P.O. BOX 510088  
City-St-Zip: KEY COLONY BEACH, FL 33051

Title: S  
Name: LARSON, DOLORES  
Address: 1361 OVERSEAS HWY C2  
City-St-Zip: MARATHON, FL 33050

Title: T  
Name: ZAHN, GERALDINE  
Address: P.O. BOX 510992  
City-St-Zip: KEY COLONY BEACH, FL 33051

Title: VP  
Name: DIEZEL, ROSE  
Address: P.O. BOX 522457  
City-St-Zip: MARATHON, FL 33050

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GERALDINE ZAHN

TREA

03/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date