2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2012
Secretary of State

DOCUMENT# N37129

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: WELDY, CAROL
Address: 2803 CORTE DEL SOL
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 M. ZAHN TREA 01/19/2012

Electronic Signature of Signing Officer or Director — Date