

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

06-02-2003 90202 004 \*\*\*\*61.25

**DOCUMENT # N37129**

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



Principal Place of Business  
P.O. BOX 504450  
MARATHON FL 33050-4450

Mailing Address  
P.O. BOX 504450  
MARATHON FL 33050-4450



2. Principal Place of Business  
**3301 OVERSEAS HWY**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**MARATHON, FL**

City & State  
**SAME**

Zip  
**33050** Country  
**USA**

Zip  
**33050** Country  
**USA**

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POLLYANN, WILSON P O BOX 518875 KEY COLONY BCH FL 33051	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANDWER, VIRGINIA 401 66TH ST OCEAN MARATHON FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SKINGER, ALICE 1016 W 75TH ST OCEAN MARATHON FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILL, DOROTHY P.O. BOX 510728 N/A MARATHON FL 33051	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARSON, DOLORES 1361 OVERSEAS HWY C2 MARATHON FL 33050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOHERY, SYLVIA 65 TINGLER LANE MARATHON FL 33050	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. DOROTHY CUSHMAN P.O. BOX 510 865 KEY COLONY BCH FL 33051	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st V.P. Teresa D. 502 P.O. BOX 522457 MARATHON SHORES, FL 33052	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEANNE UHL D 712 26th ST. OCEAN MARATHON, FL 33050	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ALICE SKINGER** 5/19/03

CR2E037 (10/02)