2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37129 1. Entity Name



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

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

FISHERIVI	en's hospital auxiliary, in	IC.							
Principal Place P.O. BOX 5044 MARATHON FL		Mailing Address P.O. BOX 504450 MARATHON FL 33050-4450	V						
				1			ALÉA ALEA BRANCA		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			□ сн	ECK HERE IF.N	MAKING CHA	NGES	
City & Stat	PRATHON, TI	City & State	<u> </u>		4. FEI Number 65-0	183514	 		lied For Applicable
Zip ~~	3050 M.S.A	Zip 733050	Country		5. Certificate of Statu	us Desired :		75 Additi Required	
	6. Name and Address of Current R				7. Name and Address	ss of New Regi	stered Agent		
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MILLER, ROBERT K. 2975 OVERSEAS HWY.			Street A	Street Address (P.O. Box Number is Not Acceptable)					
MARATH	ON FL 33050								
I I			City				FL Z	ip Code	
	e named entity submits this statement for	the purpose of changing its re	egistered office or	r registere	d agent, or both, in the	State of Florida	a. I am familia	ar with, ar	nd accept
the obliga	tions of registered agent.								
SIGNATURE									
· 	Signature, typed or printed name of registered agent ar	d title if applicable. (NOTE:	Registered Agent signal	ure required w	vhen reinstating)		DATE		
FRE MANY FEE 10 MOLZS					i				
	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co	-		\$5.00 May Be Added to Fees		Check Pay Departmer		
10.	OFFICERS AND DIRE	Trust Fund Co	ntribution.	LJ ,	Added to Fees DDITIONS/CHANGES	Florida	Departmer	ORS IN 1	ate
	OFFICERS AND DIRE VP POLLYANN, WILSON P O BOX 518875	Trust Fund Co	ntribution.	AL AL	Added to Fees DDITIONS/CHANGES	Florida	Department AND DIRECTO	ORS IN 1	ate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE VP POLLYANN, WILSON	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	AI DO	Added to Fees DDITIONS/CHANGES	Florida TO OFFICERS TO SEES TO SEES	Department AND DIRECTO	ORS IN 1	Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRE VP POLLYANN, WILSON P O BOX 518875 KEY COLONY BCH FL 33051 V	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	AI DO	Added to Fees DDITIONS/CHANGES	Florida TO OFFICERS TO SEES TO SEES	Department AND DIRECTO	ORS IN 1	ate
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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: