

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002193 (1)

1. Corporation Name

JOHN KNOX MED CENTER AUXILIARY, INC.



Principal Place of Business

**1750 SOUTH VOLUSIA AVENUE
SUITE 7
ORANGE CITY FL 32763**

Mailing Address

**1750 SOUTH VOLUSIA AVENUE
SUITE 7
ORANGE CITY FL 32763**

3. Date Incorporated or Qualified
05/10/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3234389

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARDESTY, ALONZO H III
1750 SOUTH VOLUSIA AVENUE
ORANGE CITY FL 32763**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WOLFE, MARGERY	
STREET ADDRESS	24A FLORABUNDA CIRCLE	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	JAMES, MARGARET	
STREET ADDRESS	7B WESTLAKE DR	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MUNROE, ETHEL B.	
STREET ADDRESS	8A NASTURTIUM COURT	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, RUTH	
STREET ADDRESS	11B EUCALYPTUS DRIVE	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELURYEA, DORIS	
STREET ADDRESS	17B SWEETGUM	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	James, Margaret	
13 STREET ADDRESS	7-B Westlake Drive	
14 CITY-ST-ZIP	Orange City, FL 32763	
21 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Courtice, Janet	
23 STREET ADDRESS	2-B Dogwood Court	
24 CITY-ST-ZIP	Orange City, FL 32763	
31 TITLE	Asst. T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Thereault, Charlotte	
33 STREET ADDRESS	8 Nasturtium Court	
34 CITY-ST-ZIP	Orange City, FL 32763	
41 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Tedder, Jane	
43 STREET ADDRESS	4-A Lilac Court	
44 CITY-ST-ZIP	Orange City, FL 32763	
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Bassett, Grace	
53 STREET ADDRESS	10-B Maple Court	
54 CITY-ST-ZIP	Orange City, FL 32763	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Krahn, Robert	
63 STREET ADDRESS	9-A Westlake Drive	
64 CITY-ST-ZIP	Orange City, FL 32763	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ethel B. Munroe Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/22/96

(904) 775-0568

Date

Daytime Phone #

CR2E037 (12/95)

SCHEDULE A

Director
Wolfe, Margery
24-A Florabunda Circle
Orange City, FL 32763

Change