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Mar 18 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

1750 SOUTH VOLUSIA AVENUE  
SUITE 7  
ORANGE CITY FL 32763

1750 SOUTH VOLUSIA AVENUE  
SUITE 7  
ORANGE CITY FL 32763-7343

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
05/10/1993

3a. Date of Last Report  
02/29/1996

4. FEI Number  
59-3234389

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAES, MARGARET	
STREET ADDRESS	7-B WESTLAKE DR	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	COURTICE, JANET	
STREET ADDRESS	2-B DOGWOOD COURT	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	T-D	<input type="checkbox"/> DELETE
NAME	MUNROE, ETHEL B.	
STREET ADDRESS	8A NASTURTUM COURT	
CITY-ST-ZIP	ORANGE CITY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TEDDER, JANE	
STREET ADDRESS	4-A LILAC COURT	
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

1.1 TITLE	P-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James, Margaret	
1.3 STREET ADDRESS	7-B Westlake Drive	
1.4 CITY-ST-ZIP	Orange City, FL 32763	
2.1 TITLE	V-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tedder, Jane	
2.3 STREET ADDRESS	4-A Lilac Court	
2.4 CITY-ST-ZIP	Orange City, FL 32763	
3.1 TITLE	Asst. T-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thereault, Charlotte	
3.3 STREET ADDRESS	1-B Florabunda Circle	
3.4 CITY-ST-ZIP	Orange City, FL 32763	
4.1 TITLE	S-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Beard, Ruth	
4.3 STREET ADDRESS	2-B No. Camellia Court	
4.4 CITY-ST-ZIP	Orange City, FL 32763	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bassett, Grace	
5.3 STREET ADDRESS	10-B Maple Court	
5.4 CITY-ST-ZIP	Orange City, FL 32763	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Krahn, Robert	
6.3 STREET ADDRESS	9-A Westlake Drive	
6.4 CITY-ST-ZIP	Orange City, FL 32763	

14. I do 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 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.

CR2E037 (9/96)

SCHEDULE A

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

Addition