## FILE NOW: FILING FEE IS \$61.25

NOMPROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## N93000002193 (1)

JOHN KNOX MED CENTER AUXILIARY, INC.

| FILED  |         |          |  |  |  |  |
|--------|---------|----------|--|--|--|--|
| Feb 23 | 1998    | 8:00am   |  |  |  |  |
| Secre  | etary o | of State |  |  |  |  |

| SOME MICE SERVED NOMED WITH MO.                     |   |  |   |   |                                      |   |   |   |  |  |
|---|---|--|---|---|--------------------------------------|---|---|---|--|--|
| Principal Plac                                      | Principal Place of Business Mailing Address         |  |   |   |                                      | n Laditidi kid taian hisit antih antih anih anih an | IL WOLLD LINNS LININ FOLON LELL FONL  |   |  |  |
| SUITE 7 SUITE 7                                     |   | SUITE 7  |   |   |                                      | 3. Date Incorporated or Qualified 05/10/1993        |   |   |  |  |
| ORANGE CITY FL 32763 ORANGE CITY FL 32763           |   |  |   |   | 4. FEI Number 59-3234389             | Applied For Not Applicable                          |   |   |  |  |
| 2. Principal P                                      | Place of Busin                                      | ess  | 2a. Mailing Addr  | ess   |                                      |   | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required                         |  |  |
| Sulte, Apt.   | #, etc.   |  | Suite, Apt. #,  | etc.  |                                      |   | 6. Election Campaign Financing Trust Fund Contribution  | \$5.00 May Be<br>Added to Fees                            |  |  |
| City & Stat   | le  |  | City & State  |   |                                      |   | 7. Is this nonprofit corporation a homeow Yes   |   |  |  |
| Zip 24  |   | Country<br>25  | Zip<br><b>29</b>  | 30  | Country                              | <i>'</i>  | This corporation owes or has paid the<br>Personal Property Tax due June 30.                             | current year Intangible  Yes No                           |  |  |
|   | 9. Name   | and Address of Cur   | rent Registered Agent   |   |                                      |   | <ol><li>Name and Address of New Register</li></ol>  | ed Agent  |  |  |
|   |   |  |   | <u></u>   | 81                                   | Name  |   |   |  |  |
| HARDESTY, ALONZO H III<br>1750 SOUTH VOLUSIA AVENUE |   |  | 82  | 82 Street Address (P.O. Box Number is Not Acceptable) |                                      |   |   |   |  |  |
| ORANGE CITY FL 32763                                |   | 83   |   |   |                                      |   |   |   |  |  |
|   |   | •  |   |   | 84                                   | City  |   | Zip Code  |  |  |
| 11. Pursuant office or ragent. La                   | to the provisi<br>registered ago<br>am familiar wit | ons of Sections 617.0<br>ent, or both, in the St<br>h, and accept the ob | 0502 and 617.1508, Floric<br>ate of Florida. Such chan<br>iligations of, Section 617. | ia Statutes,<br>ge was auth<br>0503, Florid           | the above<br>orized by<br>a Statutes | e-named<br>/ the corp<br>s.                         | corporation submits this statement for the purpos<br>poration's board of directors. I hereby accept the | e of changing its registered<br>appointment as registered |  |  |
| SIGNATURE   | Signature, typed                                    | or printed name of registered  | agent and title if applicable.  | (NOTE: Re   | gistered Age                         | ent signature                                       | p required when reinstating) DAT  | <u> </u>  |  |  |
| 12.   |   |  | AND DIRECTORS   | (   | 13.                                  |   | ADDITIONS/CHANGES TO OFFICERS /   |   |  |  |
| TITLE   | PD  | 22   | ☐ DE  | LETE  | 1.1 TITLE                            |   | P/D   | X Change Addition   |  |  |
| NAME  |   | MARGARET   |   |   | 1.2 NAME                             |   | TEDDER. JANE  |   |  |  |

| 12.            | OFFICERS AND DIRECTORS  |                  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |          |            |
|----------------|-------------------------|------------------|---|--|----------|------------|
| TITLE          | PD                      | ☐ DELETE         | 1.1 TITLE   | P/D  | X Change | Addition   |
| NAME           | JAMES, MARGARET         |                  | 1.2 NAME  | TEDDER, JANE   |          |            |
| STREET ADDRESS | 7-B WESTLAKE DRIVE      |                  | 1.3 STREET ADDRESS                                    | 4A Iilac Court   |          |            |
| CITY-ST-ZIP    | ORANGE CITY FL          |                  | 1.4 CITY-ST-ZIP                                       | Orange City, FL 32763  |          |            |
| TITLE          | VD                      | ☐ DELETÉ         | 2.1 TITLE   | V/D  | X Change | Addition   |
| NAME           | TEDDER, JANE            |                  | 2.2 NAME  | O'CONNOR, ELIZABETH  |          |            |
| STREET ADDRESS | 4-A LILAC COURT         |                  | 23 STREET ADDRESS                                     | 4A Eucalyptus Drive  |          |            |
| CITY-ST-ZIP    | ORANGE CITY FL          |                  | 2.4 CITY-ST-ZIP                                       | Orange City, FL 32763  |          |            |
| TITLE          | T/D                     | DELETE           | 3.1 TITLE   | Assistant T/D<br>THERFAULT, CHARLOTTE<br>IB Florabunda Circle<br>Orange City, FL 32763 | Change   | X Addition |
| NAME           | Münroe, ethel B.        |                  | 3.2 NAME  | THEREAULT, CHARLOTTE   |          |            |
| STREET ADDRESS | 8A NASTURTIUM COURT     |                  | 3.3 STREET ADDRESS                                    | Oranga City FI 32763   |          |            |
| CITY-ST-ZIP    | ORANGE CITY FL          |                  | 3.4. CITY-ST-ZIP                                      |  |          |            |
| TITLE          | ŚD                      | ☐ DELET <b>E</b> | 4.1 TITLE   | S/D<br>WEIZEL, JEAN<br>1B Ivy Court  | Change   | Addition   |
| NAME           | <b>BE</b> ARD, RUTH     |                  | 4. 2 NAME   | WEIZEL, GEAN   |          |            |
| STREET ADDRESS | 2-B N. CAMELLIA COURT   |                  | 4.3 STREET ADDRESS                                    | Orange City, FL 32763  |          |            |
| CITY-ST-ZIP    | ORANGE CITY FL          |                  | 4.4 CITY - ST - ZIP                                   | orange one,; 12 32,03  |          |            |
| TITLE          | Ď                       | ☐ DELETÉ         | 5.1 TITLE   | D  | Change   | Addition   |
| NAME           | <b>DE</b> LURYEA, DORIS |                  | 5.2 NAME  | WEIHERILL, ELFANOR<br>1A Nasturtium Court<br>Orange City, FL 32763                     |          |            |
| STREET ADDRESS | 17B SWEETGUM            |                  | 5.3 STREET ADDRESS                                    | IA Nasturtium Court  |          |            |
| CITY-ST-ZIP    | ORANGE CITY FL          |                  | 5.4 CITY-ST-ZIP                                       | Orange City, FL 32703  |          |            |
| TITLE          | D                       | XX DELETE        | 6.1 TITLE   | D  | Change   | Addition   |
| NAME           | Krahn, Robert           |                  | 6.2 NAME  | JAMES, MARGARET  |          |            |
| STREET ADDRESS | 9-A WESTLAKE DRIVE      |                  | 6.3 STREET ADDRESS                                    | 7B Westlake Drive  |          |            |
| CITY-ST-ZIP    | ORANGE CITY FL          |                  | 6.4 CITY - ST - ZIP                                   | Orange City, FL 32763  |          |            |

**ORANGE CITY FL** 6.4 CITY - ST - ZIP 14. 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 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 addrass.

## JOHN KNOX MED CENTER AUXILIARY, INC.

## 1998 Officers & Directors (Continued)

NEWELL, ELLIOTT 3B Florabunda Circle Orange City, FL 32763

Director

Addition

NEWELL, SHIRLEY 3B Florabunda Circle Orange City, FL 32763

Director

Addition