

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000002193**

1. Entity Name

JOHN KNOX MED CENTER AUXILIARY, INC.**FILED**
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90599 020 ****61.25

0023683

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

A0022781



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3234389

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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.

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TEDDER, JANE	
STREET ADDRESS	4A LILAC CT	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BUTTNER, EDITH	
STREET ADDRESS	1-A BOUGAINVILLEA CRT	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MAGEE, CAROL H	
STREET ADDRESS	5B NORTH LAKE DR	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WETZEL, JEAN	
STREET ADDRESS	1B IVY CT	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WETHERILL, ELEANOR	
STREET ADDRESS	1A NASTURTIUM CT	
CITY-ST-ZIP	ORANGE CITY FL 32763	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JAMES, MARGARET	
STREET ADDRESS	7B WESTLAKE DR	
CITY-ST-ZIP	ORANGE CITY FL 32763	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margery Wolfe	
STREET ADDRESS	24-A Florabunda Circle	
CITY-ST-ZIP	Orange City, FL 32763	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harriet Ernst	
STREET ADDRESS	6-A Florabunda Circle	
CITY-ST-ZIP	Orange City, FL 32763	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bette Stack	
STREET ADDRESS	2-B Nasturtium Court	
CITY-ST-ZIP	Orange City, FL 32763	
TITLE	DA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol Magee	
STREET ADDRESS	5-B Northlake Drive	
CITY-ST-ZIP	Orange City, FL 32763	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret James	
STREET ADDRESS	7-B Westlake Drive	
CITY-ST-ZIP	Orange City, FL 32763	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doris Branch	
STREET ADDRESS	105 Northlake Drive, Apt 322-A	
CITY-ST-ZIP	Orange City, FL 32763	

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.

Bette Stack, Treasurer

CR2E037 (10/00)