

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90229 044 \*\*\*\*61.25

**DOCUMENT # N93000002193**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3234389**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME WOLFE, MARGERY  
STREET ADDRESS 24-A FLORABUNDA CIRCLE  
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ DeleteTITLE PD ☒ Change ☐ Addition  
NAME ERNST, HARRIET  
STREET ADDRESS 6-A Florabunda Circle  
CITY-ST-ZIP Orange City, FL 32763TITLE VD ☐ Delete  
NAME ERNST, HARRIET  
STREET ADDRESS 6-A FLORABUNDA CIRCLE  
CITY-ST-ZIP ORANGE CITY FL 32763TITLE VD ☒ Change ☐ Addition  
NAME RACINE, GINNIE  
STREET ADDRESS 2-B Dogwood Court  
CITY-ST-ZIP Orange City, FL 32763TITLE TD ☐ Delete  
NAME STACK, BETTE  
STREET ADDRESS 1 NASTURTIUM COURT  
CITY-ST-ZIP ORANGE CITY FL 32763TITLE TD ☒ Change ☐ Addition  
NAME KALIFUT, GERMAINE  
STREET ADDRESS 17-A Azalea Drive  
CITY-ST-ZIP Orange City, FL 32763TITLE DAT ☐ Delete  
NAME MAGEE, CAROL  
STREET ADDRESS 5-B NORTHLAKE DRIVE  
CITY-ST-ZIP ORANGE CITY FL 32763TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE DS ☐ Delete  
NAME JAMES, MARGARET  
STREET ADDRESS 7-B WESTLAKE DRIVE  
CITY-ST-ZIP ORANGE CITY FL 32763TITLE DS ☒ Change ☐ Addition  
NAME STACK, BETTE  
STREET ADDRESS 2-B Nasturtium Court  
CITY-ST-ZIP Orange City, FL 32763TITLE D ☐ Delete  
NAME BRANCH, DORIS  
STREET ADDRESS 105 NORTHLAKE DRIVE APT 322-A  
CITY-ST-ZIP ORANGE CITY FL 32763TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02

386-775-3288

Date

Daytime Phone #

CR2E037 (9/01)

Attachment  
#N93000002193/60757  
ALONZO H. HARDESTY, III, P. A.  
ATTORNEY AT LAW

SUITE 7  
1750 SOUTH VOLUSIA AVENUE  
ORANGE CITY, FLORIDA 32763

TELEPHONE (386) 775-3222  
FACSIMILE (386) 775-3345

February 21, 2002

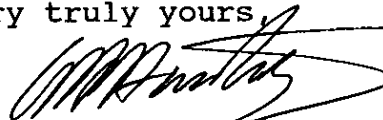
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

RE: JOHN KNOX MED CENTER AUXILIARY, INC.

Dear Sirs:

Please find enclosed for filing the 2002 Uniform Business Report (UBR) for John Knox Med Center Auxiliary, Inc., together with check in the amount of \$61.25 representing the filing fee due thereon.

Very truly yours,



Alonzo H. Hardesty

AHH/pr  
Enclosure(s)  
cc: Ms. Germaine Kalifut, Treasurer