

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90453 011 ****61.25

DOCUMENT # N93000002193

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232004 Chg-NP CR2E037 (10/03)

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DAY
NAME RACINE, GINNIE ☒ Delete
STREET ADDRESS 24-A FLORABUNDA CIRCLE
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE VD
NAME WETERHALL, ELEANOR ☒ Delete
STREET ADDRESS 1-A NASTURIUM CT
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE TD
NAME KALIFUT, GERMAINE ☒ Delete
STREET ADDRESS 17-A AZALEA DR.
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE TD
NAME DOSKA, ROSE ☐ Delete
STREET ADDRESS 9 UCALYPTUS DR
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE PD
NAME STACK, BETTIE ☒ Delete
STREET ADDRESS 2-B NASTURIUM COURT
CITY-ST-ZIP ORANGE CITY, FL 32763

TITLE DS
NAME TEDDER, JANE ☐ Delete
STREET ADDRESS 4-A LILAC CT
CITY-ST-ZIP ORANGE CITY, FL 32763

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DAT
NAME RACINE, GINNY ☒ Change ☐ Addition
STREET ADDRESS 2-B Dogwood Court
CITY-ST-ZIP Orange City, FL 32763

TITLE V/D
NAME SUMMERS, NANCY ☒ Change ☐ Addition
STREET ADDRESS 6-B Ivy Court
CITY-ST-ZIP Orange City, FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P/D
NAME DeCORLETO, FRANCES ☒ Change ☐ Addition
STREET ADDRESS 5-A Westlake Drive
CITY-ST-ZIP Orange City, FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *Rose M. Doska* **Rose M. Doska**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04
Date

386-774-4123
Daytime Phone #