

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90028 023 ****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.

03092005 Chg-NP CR2E037 (10/03)

City & State

City & 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

**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. 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, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DAT
RACINE, GINNIE ☐ Delete
2-B DOGWOOD COURT
ORANGE CITY, FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
SUMMERS, NANCY ☐ Delete
6-B IVY COURT
ORANGE CITY, FL 32763

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DECORLETO, FRANCES ☐ Delete
5-A WESTLAKE DRIVE
ORANGE CITY, FL 32763

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DAT
HESS, LOIS ☒ Change ☐ Addition
7 Maple Court
Orange City, FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WOLFE, MARGERY ☒ Change ☐ Addition
24-A Florabunda Circle
Orange City, FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
JAMES, MARGARET T. ☒ Change ☐ Addition
7-B Westlake Drive
Orange City, FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
STACK, BETTE ☒ Change ☐ Addition
2-B Nasturtium Court
Orange City, FL 32763

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SMITH, JEAN ☒ Change ☐ Addition
7-A Nasturtium Court
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: *Margaret L. James*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/05
Date

Daytime Phone #