

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002193

FILED  
Mar 07, 2006  
Secretary of State

Entity Name: JOHN KNOX MED CENTER AUXILIARY, INC.

## Current Principal Place of Business:

1750 SOUTH VOLUSIA AVENUE  
SUITE 7  
ORANGE CITY, FL 32763

## New Principal Place of Business:

## Current Mailing Address:

1750 SOUTH VOLUSIA AVENUE  
SUITE 7  
ORANGE CITY, FL 32763

## New Mailing Address:

FEI Number: 59-3234389

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DAT ( ) Delete  
Name: HESS, LOIS  
Address: 7 MAPLE CT  
City-St-Zip: ORANGE CITY, FL 32763

Title: VD ( ) Delete  
Name: WOLFE, MARGERY  
Address: 24-A FLORABUNDA CIRCLE  
City-St-Zip: ORANGE CITY, FL 32763

Title: TD ( ) Delete  
Name: JAMES, MARGARET T  
Address: 7-B WESTLAKE DR  
City-St-Zip: ORANGE CITY, FL 32763

Title: PD ( ) Delete  
Name: STACK, BETTE  
Address: 2-3 NASTURTIUM CT  
City-St-Zip: ORANGE CITY, FL 32763

Title: DS ( ) Delete  
Name: SMITH, JEAN  
Address: 7-A NASTURTIUM CT  
City-St-Zip: ORANGE CITY, FL 32763

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BRANCH, DORIS  
Address: 105 NORTHLAKE DRIVE, APT 322-A  
City-St-Zip: ORANGE CITY, FL 32763

Title: ATD (X) Change ( ) Addition  
Name: WOLFE, MARGERY  
Address: 24-A FLORABUNDA CIRCLE  
City-St-Zip: ORANGE CITY, FL 32763

Title: ATD (X) Change ( ) Addition  
Name: JAMES, MARGARET T MS  
Address: 105 NORTHLAKE DRIVE, APT 318-A  
City-St-Zip: ORANGE CITY, FL 32763

Title: SD (X) Change ( ) Addition  
Name: SMITH, JEAN MS  
Address: 7-A NASTURTIUM COURT  
City-St-Zip: ORANGE CITY, FL 32763

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VDP ( ) Change (X) Addition  
Name: CALLAHAN, THERESE MS  
Address: 08-A AZALEA DRIVE  
City-St-Zip: ORANGE CITY, FL 32763

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET T. JAMES

TD

03/07/2006

Electronic Signature of Signing Officer or Director

Date