

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002193

FILED
Mar 17, 2008
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: PD () Delete
Name: CALLAHAN, THERESE MS
Address: 8-A AZALEA DRIVE
City-St-Zip: ORANGE CITY, FL 32763

Title: VPD () Delete
Name: BEHRENS, MARJORIE MS
Address: 17-A AZALEA DRIVE
City-St-Zip: ORANGE CITY, FL 32763

Title: TD () Delete
Name: TAMM, JEANNE B MS
Address: 7B NORTHLAKE DRIVE
City-St-Zip: ORANGE CITY, FL 32763

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: TAMM, JEANNE B MS
Address: 7-B NORTHLAKE DRIVE
City-St-Zip: ORANGE CITY, FL 32763

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JEANNE B. TAMM

TD

03/17/2008

Electronic Signature of Signing Officer or Director

Date