

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 31, 2010
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
SUITE 7
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
Name: MORROW, HELEN MRS
Address: 22-B FLORABUNDA CIRCLE
City-St-Zip: ORANGE CITY, FL 32763

Title: VPD
Name: CALEY, PAT MRS
Address: 3-A EUCALYPTUS DRIVE
City-St-Zip: ORANGE CITY, FL 32763

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

Title: SD
Name: SIMS, PAT MS
Address: 12-A SWEETGUM DRIVE
City-St-Zip: ORANGE CITY, FL 32763

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

I hereby 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 all other like empowered.

SIGNATURE: HELEN MORROW

P/D

03/31/2010

Electronic Signature of Signing Officer or Director

Date