

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90109 045 ****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

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

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **RACINE, GINNIE**
STREET ADDRESS **24-A FLORABUNDA CIRCLE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **VD** ☒ Change ☐ Addition
NAME **WETHERILL, ELEANOR**
STREET ADDRESS **1-A Nasturtium Ct.**
CITY-ST-ZIP **Orange City, FL 32763**

TITLE **PD** ☐ Delete
NAME **ERNST, HARRIETT**
STREET ADDRESS **6-A FLORABUNDA CIRCLE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

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

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

TITLE **TD** ☒ Change ☐ Addition
NAME **DOSKA, ROSE**
STREET ADDRESS **9 Eucalyptus Drive**
CITY-ST-ZIP **Orange City, FL 32763**

TITLE **DAT** ☐ Delete
NAME **MAGEE, CAROL**
STREET ADDRESS **5-B NORTHLAKE DRIVE**
CITY-ST-ZIP **ORANGE CITY FL 32763**

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

TITLE **DS** ☐ Delete
NAME **STACK, BETTIE**
STREET ADDRESS **2-B NASTURTIIUM COURT**
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **DS** ☒ Change ☐ Addition
NAME **TEDDER, JANE**
STREET ADDRESS **4-A Lilac Court**
CITY-ST-ZIP **Orange City, FL 32763**

TITLE **D** ☒ Delete
NAME **BRANCH, DORIS**
STREET ADDRESS **105 NORTHLAKE DRIVE APT 322-A**
CITY-ST-ZIP **ORANGE CITY FL 32763**

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

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:

SIGNATURE REQUIRED

March 26 03

774-4123

CR2E037 (10/02)