

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005622 (4)

1. Corporation Name

JFK MEDICAL CENTER AUXILIARY, INC.

Principal Place of Business

2066 CIRCLE PLACE DRIVE
LANTANA FL 33462

Mailing Address

2066 CIRCLE PLACE DRIVE
LANTANA FL 33462



3. Date Incorporated or Qualified
11/29/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

90 5301 S. CONGRESS AVENUE

4. FEI Number

45-0649277

☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ATLANTIS FLORIDA

Zip

Country

Zip

Country

33462

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPRINKLE, PHILIP M II
777 SOUTH FLAGLER DRIVE
SUITE 900 EAST TOWER
W PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

200001779622

04/15/96 01025 04785

***61.25

FL

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D PRESIDENT ☐ DELETE
NAME ZURGA, ALMA
STREET ADDRESS 306 CEDAR KEY CIRCLE
CITY-ST-ZIP ATLANTIS FL 33462

11 TITLE Director ☐ Change ☐ Addition
12 NAME Mr. Vernon Poest
13 STREET ADDRESS 363 South Villa Dr.
14 CITY-ST-ZIP Atlantis, FL 33462 ☐ Change ☐ Addition

TITLE D SECRETARY ☐ DELETE
NAME MOORE, MARILYN
STREET ADDRESS 10899 PALM LAKE AVE.
CITY-ST-ZIP BOYNTON BEACH FL 33437

21 TITLE Director ☐ Change ☐ Addition
22 NAME Mr. Richard Cascio
23 STREET ADDRESS 5301 S. Congress Ave.
24 CITY-ST-ZIP Atlantis, FL 33462 ☐ Change ☐ Addition

TITLE D Treasurer ☐ DELETE
NAME NOVICK, RY
STREET ADDRESS 6983 FOUNTAINS CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467

31 TITLE Director ☐ Change ☐ Addition
32 NAME Bernice Rath
33 STREET ADDRESS 7462 Tahiti Lane
34 CITY-ST-ZIP Lake Worth, FL 33467 ☐ Change ☐ Addition

TITLE D 1st Vice-Pres ☐ DELETE
NAME DRIBBON, RAMONE
STREET ADDRESS 5203 K. EUROPE DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

41 TITLE Director ☐ Change ☐ Addition
42 NAME Mr. Clyde Farmer
43 STREET ADDRESS 101 Villa Circle
44 CITY-ST-ZIP Atlantis, FL 33462 ☐ Change ☐ Addition

TITLE D 2nd Vice Pres. ☐ DELETE
NAME GEIER, FAY
STREET ADDRESS 4920 LUCERNE LAKES BLVD.
CITY-ST-ZIP LAKE WORTH FL 33467

51 TITLE Director ☐ Change ☐ Addition
52 NAME Mr. Joseph Negley
53 STREET ADDRESS 373 South Country Club Dr.
54 CITY-ST-ZIP Atlantis, FL 33462 ☐ Change ☐ Addition

TITLE D Director ☐ DELETE
NAME OCHS, GEORGIA
STREET ADDRESS 280-B HIGH POINT BLVD.
CITY-ST-ZIP BOYNTON BEACH FL 33435

61 TITLE Director ☐ Change ☐ Addition
62 NAME Eleanor Resnitzky
63 STREET ADDRESS 7714 Tahiti Lane
64 CITY-ST-ZIP Lake Worth, FL 33467 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)