

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90132 029 ****61.25

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1. Entity Name

**OCALA REGIONAL MEDICAL CENTER AUXILIARY FOUNDATI
ON INC.**



Principal Place of Business

**1431 SW FIRST AVENUE
OCALA FL 34474**

Mailing Address

**1431 SW FIRST AVENUE
OCALA FL 34474**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3600529**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SHERECK, JAMES E
19916 SW 93RD LANE RD
DUNNELLON FL 34432**

7. Name and Address of New Registered Agent

Name **Brydon, Donna**

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

4700 NE 11th St

City **Ocala**

FL

Zip Code **34470**

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

Donna Brydon

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

TITLE **D** ☒ Delete
NAME **SHERECK, JAMES E**
STREET ADDRESS **19916 SW 93RD LANE RD**
CITY-ST-ZIP **DUNNELLON FL 34432**

TITLE **D** ☐ Delete
NAME **BRYDON, DONNA**
STREET ADDRESS **4700 NE 11TH ST**
CITY-ST-ZIP **OCALA FL 33470**

TITLE **D** ☐ Delete
NAME **JOHNSON, LINDA**
STREET ADDRESS **18194 SE 22ND PL**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE **D** ☒ Delete
NAME **NORTHRUP, GRACE**
STREET ADDRESS **3965 SE 61 ST PL**
CITY-ST-ZIP **OCALA FL 34480**

TITLE **D** ☒ Delete
NAME **FORRINGER, MEL**
STREET ADDRESS **8753 SW 109TH LANE**
CITY-ST-ZIP **OCALA FL 34481**

TITLE **D** ☒ Delete
NAME **PARAWAY, DORIS**
STREET ADDRESS **1440 W HWY 316TH**
CITY-ST-ZIP **CITRA FL 32113**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Andrews, Veronica**
STREET ADDRESS **7143 SW 113th Loop**
CITY-ST-ZIP **Ocala, FL 34476**

TITLE **CHAIRMAN** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **34470**

TITLE **D** ☐ Change ☒ Addition
NAME **Gill, Louise**
STREET ADDRESS **6 Pine Place Court**
CITY-ST-ZIP **Ocala, FL 34472**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Mahanes, Richard**
STREET ADDRESS **8745-D SW 92nd Place**
CITY-ST-ZIP **Ocala, FL 34481**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Smallwood, Lucy**
STREET ADDRESS **11675 SW 138th Place**
CITY-ST-ZIP **Dunnellon, FL 34432**

TITLE **D** ☐ Change ☒ Addition
NAME **Hofling, Donald B.**
STREET ADDRESS **3818 SW 161 Loop**
CITY-ST-ZIP **Ocala, FL 34473**

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:

Donna Brydon

4/7/03

236-3726

CR2E037 (10/02)