

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721162

FILED
Jan 20, 2021
Secretary of State
7311036806CC

Entity Name: MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

200 SE HOSPITAL AVENUE
STUART, FL 34994-2346

Current Mailing Address:

P.O. BOX 9010
AUXILIARY
STUART, FL 34995-9010 US

FEI Number: 23-7115443

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GUERARD, SHELLEY
200 SE HOSPITAL AVENUE
STUART, FL 34994-2346 US

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: SHELLEY GUERARD

01/20/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, PRESIDENT
Name TAYLOR, NANCYANN
Address P.O. BOX 9010
AUXILIARY
City-State-Zip: STUART FL 34995-9010

Title DIRECTOR, TREASURER
Name GUERARD, SHELLEY
Address P.O. BOX 9010 AUXILIARY
City-State-Zip: STUART FL 34995

Title DIRECTOR, PAST PRESIDENT
Name MEYER, ROSEMARY
Address P.O. BOX 9010-AUXILIARY
City-State-Zip: STUART FL 34995

Title DIRECTOR, CORRESPONDING
SECRETARY
Name PITTS, BARBARA
Address P.O. BOX 9010-AUXILIARY
City-State-Zip: STUART FL 34995

Title DIRECTOR, VP
Name COX, SANDRA
Address P.O. BOX 9010
AUXILIARY
City-State-Zip: STUART FL 34995-9010

Title DIRECTOR, RECORDING SECRETARY
Name DYALL, SUSAN
Address P.O. BOX 9010
AUXILIARY
City-State-Zip: STUART FL 34995-9010

Title DIRECTOR, GIFT GALLERY
COORDINATOR
Name DONOVAN, PATRICIA
Address P.O. BOX 9010
AUXILIARY
City-State-Zip: STUART FL 34995-9010

Title DIRECTOR, MARTIN NORTH
HOSPITAL COORDINATOR
Name MICHAUD, WILLIAM
Address P.O. BOX 9010
AUXILIARY
City-State-Zip: STUART FL 34995-9010

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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: SHELLEY GUERARD

TREASURER

01/20/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, ST. LUCIE WESTA COORDINATOR
Name KONISZEWSKI, COLLEEN
Address P.O. BOX 9010
AUXILIARY
City-State-Zip: STUART FL 34995-9010

Title DIRECTOR, MARTIN HEALTH AUXILIARY THRIFT
SHOP COORDINATOR
Name MICHAUD, CAROLYN
Address P.O. BOX 9010
AUXILIARY
City-State-Zip: STUART FL 34995-9010

Title DIRECTOR, MARTIN SOUTH
HOSPITAL COORDINATOR
Name KEMP, EVA
Address P.O. BOX 9010
AUXILIARY
City-State-Zip: STUART FL 34995-9010

Title DIRECTOR, TRADITION HOSPITAL
COORDINATOR
Name HAMDEN, MARY-ESTELLE
Address P.O. BOX 9010
AUXILIARY
City-State-Zip: STUART FL 34995-9010