

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721162

Entity Name: MARTIN MEMORIAL HOSPITAL AUXILIARY, INC.**Current Principal Place of Business:**200 SE HOSPITAL AVENUE
STUART, FL 34995-9010**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 34995-9010 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

03/31/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

Title DIRECTOR, RECORDING SECRETARY
Name DYALL, SUSAN
Address 200 SE HOSPITAL AVENUE
City-State-Zip: STUART FL 34995-9010

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**

03/31/2020

Electronic Signature of Signing Officer/Director Detail

Date