

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731133

Entity Name: ORANGE PARK MEDICAL CENTER AUXILIARY, INC.**Current Principal Place of Business:**2001 KINGSLEY AVENUE
ORANGE PARK, FL 32073**Current Mailing Address:**2001 KINGSLEY AVE.
ORANGE PARK, FL 32073**FEI Number:** 59-2248556**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOPELOUSOS, JOHN ESQ.
2001 KINGSLEY AV.
ORANGE PARK, FL 32073 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	SQUIRE, BRENDA
Address	2330 EGREMONT DR.
City-State-Zip:	ORANGE PARK FL 32073

Title	TREASURER
Name	THOMAS, LISA L
Address	2753 GATEWOOD COURT
City-State-Zip:	ORANGE PARK FL 32065

Title	PARLIAMENTARIAN
Name	FOSTER, GENEVA
Address	594 RICHARD LEE ST.
City-State-Zip:	ORANGE PARK FL 32073

Title	3RD VICE PRESIDENT, RECEIVER
Name	GILL, CHERYL
Address	8985 NORMANDY BLVD LOT 128
City-State-Zip:	JACKSONVILLE FL 32221

Title	CORRESPONDING SECRETARY
Name	TRUDELL, PAT
Address	2856 CIRCLE RIDGE DRIVE
City-State-Zip:	ORANGE PARK FL 32065

Title	RECORDING SECRETARY
Name	SANDERS, CAROLE
Address	360 BRIER ROSE LN
City-State-Zip:	ORANGE PARK FL 32065

Title	2ND VICE PRESIDENT
Name	WELLNER, DORIS
Address	687 CHARLES PINCKNEY ST
City-State-Zip:	ORANGE PARK FL 32073

Title	1ST VICE PRESIDENT
Name	DOBY, RANDY
Address	1830 HOLLY FLOWER LANE
City-State-Zip:	FLEMING ISLAND FL 32003

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: LISA THOMAS**TREASURER****02/03/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date