

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740945

Entity Name: MEMORIAL HOSPITAL JACKSONVILLE AUXILIARY, INC.

Current Principal Place of Business:

3627 UNIVERSITY BLVD., SOUTH
SUITE 140
JACKSONVILLE, FL 32216

Current Mailing Address:

3625 UNIVERSITY BLVD., SOUTH
SUITE 140
JACKSONVILLE, FL 32216 US

FEI Number: 59-1839948

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MEMORIAL HOSPITAL AUXILIARY
3627 UNIVERSITY BLVD. SOUTH
SUITE 140
JACKSONVILLE, FL 32216 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 BOONE, CHERYL
Address 550 MATTERHORN RD
City-State-Zip: JACKSONVILLE FL 32216

Title TREASURER
Name LOSCO, BARBARA
Address 2470 PROVOST CT
City-State-Zip: JACKSONVILLE FL 32216

Title SECRETARY
Name CRAIG, ROGER
Address 13979 GOLDEN EAGLE DR
City-State-Zip: JACKSONVILLE FL 32226

Title VP
Name CONWAY, CATHERINE
Address 1156 CATALINA RD E
City-State-Zip: JACKSONVILLE FL 32216

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: CHERYL A. BOONE

PRESIDENT

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date