FILE NOW: FILING FEE IS $61.25

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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **701445** (9)

1. Corporation Name

TAMPA GENERAL HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
DAVIS ISLAND P O BOX 1289 TAMPA FL 33601	DAVIS ISLAND P O BOX 1289 TAMPA FL 33601-1289

3. Date Incorporated or Qualified: 09/22/1960
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-0810712 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GIBBONS, JOHN B.
101 E. KENNEY BLVD.
TAMPA FL 33601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	BEASLEY, BLESSING		1.2 NAME	HART, MARY JO	
STREET ADDRESS	7908 PATTERSON RD.		1.3 STREET ADDRESS	4005 W SAN MIGUEL ST.	
CITY-ST-ZIP	TAMPA FL 33634		1.4 CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	~~X~~ D	☐ ~~DELETE~~ ☒ CHANGE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BAKER, VIRGINIA		2.2 NAME	RAGSDALE, JEAN	
STREET ADDRESS	4117 SANTIAGO		2.3 STREET ADDRESS	6620 MEMORIAL HWY.	
CITY-ST-ZIP	TAMPA FL 33629		2.4 CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	~~X~~ P	☒ ~~DELETE~~ CHANGE	3.1 TITLE		☐ Change ☐ Addition
NAME	RIGBY, VIOLET		3.2 NAME		
STREET ADDRESS	5300 BAYSHORE BLVD., #C-4		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33611		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FOUTS, MILLIE		4.2 NAME		
STREET ADDRESS	3911 VERSAILLES DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	~~X~~ V	☒ ~~DELETE~~ CHANGE	5.1 TITLE		☐ Change ☐ Addition
NAME	RIGBY, BERN		5.2 NAME		
STREET ADDRESS	5300 BAYSHORE BLVD., C4		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL ~~00000~~ 33611		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, DEE		6.2 NAME		
STREET ADDRESS	7908 PATTERSON ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dee Richardson Dee Richardson 1/24/97 813-884-1215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046866