## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mertham

Secretary of State

DIVISION OF CORPORATIONS

1998

DOCUMENT #

701445

(9)

TAMPA GENERAL HOSPITAL AUXILIARY, INC.

FILED					
Feb	17	1998	8:00am		
Se	ecre	etary c	of State		

Principal Place of Business Mailing Address					I (BEI); 1884 DOIN LIEU EIN) ANN EIN SIN BIN BIN BIN BIN ALN AISU ANN AISU 1881	
DAVIS ISLAND		DAVIS ISLAND			3. Date Incorporated or Qualified	
P O BOX 1289	<b>v</b>	P O BOX 1289			09/22/1960	
TAMPA FL 3360	л	TAMPA PL 330UI	TAMPA FL 33601		4. FEI Number Applied For	
					59-08 107 12 Not Applicable	
Principal Place of Business     The Principal Place of Business		2a. Mailing Address 26			5. Certificate of Status Desired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22		27			Trust Fund Contribution Added to Fees	
City & State	•	City & State			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	<b>Zip</b>	Count			
24	25	<b>—</b> '	30	,	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
[24]	9. Name and Address of Current		30		10. Name and Address of New Registered Agent	
			8	1 Nam	ame	
GIRRON	S, JOHN B.		8:	Street	treet Address (P.O. Box Number is Not Acceptable)	
	ENNEY BLVD.		-	3000	tion radios (r.o. box ratifical is not recopiant)	
TAN 24 FL 33601			6:	3		
			84	4 City	ity 85 Zip Code	
				1	· FL	
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 _	· -					
	Signature, typed or printed name of registered agent			gent signat	gnature required when reinstating) DATE	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DEADLEY BLEGGING	בין טכנכונ	1.1 TITLE		TBLESSING BEASLEY Change Addition	
NAME	BEASLEY, BLESSING		1.2 NAM	: Et adores		
STREET ADDRESS	7908 PATTERSON RD.				744144 144	
CITY-ST-ZIP TITLE	TAMPA FL D	DELETE	1.4 CITY - 2.1 TITLE	<del> </del>	☐ Change ☐ Addition	
NAME	BAKER, VIRGINIA	( · breeze	2.2 NAMI			
STREET ADDRESS	4117 SANTIAGO			- et addres	AFSS	
CITY-ST-ZIP	TAMPA FL		2. 4 CITY			
TITLE	P	DELETE	3.1 TITLE			
NAME	RIGBY, VIOLET		3.2 NAMI	E	TEAN RAYS DAIE Change MANddillon  GESS CHANGE DELANGE DELANGER DEL	
STREET ADDRESS	5300 BAYSHORE BLVD., #C-4	!	3.3 STRE	ET ADDRES	RESS Memoral, lawy	
C/TY-ST-ZIP	TAMPA FL		3.4. CITY	-ST-ZIP		
TITLE	V	DELETE	4.1 TITLE		Page Addition	
NAME	HART, MARY JO		4. 2 NAM	E	MARLY 18 MARCH HONT W SAN MIGUE	
STREET ADDRESS	4005 WEST SAN MIGUEL STR	EET	4.3 STRE	et addres		
CITY-ST-ZIP	TAMPA FL		4.4 CITY			
TITLE	V	☐ DELETE	5.1 TITLE		V D. C. P. J. Box O. I. Change Addition	
11001, 55,117			5.2 NAM		RIGBY BERN BIND. C4	
				et addres	MESS TANA EL 201.	
CITY-ST-ZIP	TAMPA, FL 00000	LIDELETE	5.4 CITY		TAUPA FL 336  TRICHARDSON DEE ROAD  RESS 7908 PATTERSON ROAD	
TITLE	DIOLUDDOON DEE	☐ DELETE	6.1 TITLE		T Control 255	
NAME RICHARDSON, DEE		6.2 NAM		TONE PATTERSON ROAD		
STREET ADDRESS 7908 PATTERSON ROAD CITY-ST-ZIP TAMPA FL			ET ADDRES			
CITY-ST-ZIP	certify that the information supplied wit	h this filing does not qualify fo	6.4 CITY or the exem	ption st	stated in Section 119.07(5)(i), Florida Statutes. I further certify that the Information	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 own attachment with an address.						