2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State
05-12-2008 90031 011 ****61.25

DOCUMENT # 701445

1. Entity 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

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COORDINATOR, AUXILLARY SERVICES TAMPA GENERAL HOSPITAL AUXILLARY P.O. BOX 1289- 2 COLUMBIA DR TAMPA FL 33601	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PHILLIPS, CATHY 8816 MEMORIAL HWY TAMPA FL 33615	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOSGROVE, ELSIE 7536 17TH LANE N ST. PETERSBURG FL 33702	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP MOSGROVE, ELSIE 7536 17TH LANE N SAINT PETERSBURG FL 33702	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP HOLT, LINDA 4015 W VASCONIA ST TAMPA FL 33629	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPT THOMAS, JOAN 716 S OREGON TAMPA FL 33606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP HART, MARY SO 4005 W SAN MIGUEL ST TAMPA FL 33629	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MYERS, HEIDI 3302 EL PRADO BLVD TAMPA FL 33629	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS THOMPSON, JUDY 1403 PINE TREE CIRCLE WIMAUMA FL 33598	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RS MONTGOMERY, MARSHA 4814 EUCLID AVE TAMPA FL 33629	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS JURGENSON, PAULA 3306 WALLCRAFT AVE TAMPA FL 33611	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Heidi M Myers HEIDI M MYERS TREASURER 4/24/08 (813) 844-7361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR