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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 716141 (7)
1. Corporation Name
UNIVERSITY COMMUNITY HOSPITAL AUXILIARY, INC.



Principal Place of Business Mailing Address
3100 E. FLETCHER AVENUE 3100 E. FLETCHER AVENUE
TAMPA FL 33613-4613 TAMPA FL 33613-4613

3. Date Incorporated or Qualified 03/03/1969 3a. Date of Last Report 05/22/1996

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 23-7011345 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
GEILBERT, LEONARD H.
ONE HARBOUR PLACE
TAMPA FL 33602
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, JANE W.		1.2 NAME	Edna C. Hubbell			
STREET ADDRESS	12401 N. 22ND ST., #C605		1.3 STREET ADDRESS	13637 Twin Lakes Lane			
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Tampa, FL. 33624			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MINER, DOROTHY		2.2 NAME	Yvonne L. Glover			
STREET ADDRESS	13556 LAKE MAGDALENE DR.		2.3 STREET ADDRESS	8507 N. Rome Ave.			
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, FL. 33604			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MACOMB, IRENE		3.2 NAME	Irene Macomb			
STREET ADDRESS	4913 E. LIBERTY ST		3.3 STREET ADDRESS	6405 Laurelwood Drive			
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	Zephyrhills, FL. 33541			
TITLE	S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	Recording Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCARTHY, CAROLYN		4.2 NAME	Jack Cohee			
STREET ADDRESS	15410 LAKESHORE VILLA LANE, BOX 215		4.3 STREET ADDRESS	P.O. Box 16903			
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	Tampa, FL 33687-6903			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	D	President-Elect	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JANDREAU, RUTH		5.2 NAME	Ruth Jandreau			
STREET ADDRESS	9937 JOE EBERT RD.		5.3 STREET ADDRESS	9937 Joe Ebert Road			
CITY-ST-ZIP	SEFFNER FL 33584		5.4 CITY-ST-ZIP	Seffner, FL. 33584			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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: Irene Macomb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 8/3- 972-7286
4-1-97
Daytime Phone # 0048091

CR2E037 (9/96)