

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
--	---	--

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



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

3. Date Incorporated or Qualified 03/03/1969		
4. FEI Number 23-7011345	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 2a
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 2b
City & State 23	City & State 2c
Zip 24	Country 25
Country 25	Zip 29
Country 30	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	HUBBELL, EDAN C	
STREET ADDRESS	13637 TWIN LAKES LANE	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	GLOVER, YUONNE L	
STREET ADDRESS	8507 N. ROME AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MACOMB, IRENE	
STREET ADDRESS	6405 LAURELWOOD DR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	COHEE, JACK	
STREET ADDRESS	P.O. BOX 16903 N/A	
CITY-ST-ZIP	TAMPA FL	
TITLE	DPE	<input type="checkbox"/> DELETE
NAME	JANDREAU, RUTH	
STREET ADDRESS	9937 JOE EBERT RD.	
CITY-ST-ZIP	SEFFNER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Carolyn S. McCarthy	
1.3 STREET ADDRESS	Box 215	
1.4 CITY-ST-ZIP	Tampa, FL. 33613	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Elizabeth D. Parker	
2.3 STREET ADDRESS	6016 - G Laketree Lane	
2.4 CITY-ST-ZIP	Tampa, FL. 33617	
3.1 TITLE	Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rodney Walters	
3.3 STREET ADDRESS	9304 Pebble Creek	
3.4 CITY-ST-ZIP	Tampa, FL. 33647	
4.1 TITLE	Recording Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Vivian Jones	
4.3 STREET ADDRESS	406 Brorburn Ave.	
4.4 CITY-ST-ZIP	Temple Terrace, FL. 33617	
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

WE HAVE NO TRUSTEES

14. I 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: *Ruth A. Jandreau* 3-13-98

CR2E037 (10/97)