


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90186 045 ****61.25

DOCUMENT # 716141
 1. Entity 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**

2. Principal Place of Business: **Same**
 3. Mailing Address: **Same**
 Suite, Apt. #, etc.

City & State, Zip, Country

4. FEI Number: **23-7011345**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
**GEILBERT, LEONARD H.
 ONE HARBOUR PLACE
 TAMPA FL 33602**

7. Name and Address of New Registered Agent
 Name: **Eunice Valdes**
 Street Address (P.O. Box Number is Not Acceptable): **13620 Lake Magdalena Blvd #103**
 City: **Tampa**
 State: **FL** Zip Code: **33618**

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: **Eunice Valdes** DATE: **4-20-04**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004
 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	
TITLE: VPD	<input type="checkbox"/> Delete
NAME: VANDYKE, EDITH	
STREET ADDRESS: 11413 LARKWOOD WAY	
CITY-ST-ZIP: TAMPA FL 33625	
TITLE: VPD	<input type="checkbox"/> Delete
NAME: VALDES, EUNICE	
STREET ADDRESS: 13620 LAKE MACDALENE BLVD #103	
CITY-ST-ZIP: TAMPA FL 33612	
TITLE: VD	<input checked="" type="checkbox"/> Delete
NAME: EVANS, MARGARET O	
STREET ADDRESS: 3739 AMBERMIST DRIVE	
CITY-ST-ZIP: TAMPA FL 33619	
TITLE: SD	<input type="checkbox"/> Delete
NAME: CLITES, BARBARA	
STREET ADDRESS: 22254 YACHTCLUB TERRACE	
CITY-ST-ZIP: LAND O LAKES FL 34639	
TITLE: SD	<input type="checkbox"/> Delete
NAME: ERICKSON, MURIEL	
STREET ADDRESS: 13514 SHADY SHORES DRIVE	
CITY-ST-ZIP: TAMPA FL 33613	
TITLE: TD	<input type="checkbox"/> Delete
NAME: JANDREAU, RUTH	
STREET ADDRESS: 9937 JOE EBERT ROAD	
CITY-ST-ZIP: SEFFNER FL 33584	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: C.S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Marsha Bravo	
STREET ADDRESS: 16401 Brass Lake Dr.	
CITY-ST-ZIP: TAMPA, FL 33618	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. 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 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: **Ruth Jandreau** DATE: **4-13-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR