

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 02, 2008  
Secretary of State

DOCUMENT# 716141

Entity Name: UNIVERSITY COMMUNITY HOSPITAL AUXILIARY, INC.

**Current Principal Place of Business:**

3100 E. FLETCHER AVENUE  
TAMPA, FL 336134613

**New Principal Place of Business:**

**Current Mailing Address:**

3100 E. FLETCHER AVENUE  
TAMPA, FL 336134613

**New Mailing Address:**

FEI Number: 23-7011345      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ERICKSON, MURIEL  
13514 SHADY SHORES DRIVE  
TAMPA, FL 33613      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: ERICKSON, MURIEL  
Address: 13514 SHADY SHORES DRIVE  
City-St-Zip: TAMPA, FL 33613

Title: PE      ( ) Delete  
Name: CLITES, BARBARA  
Address: 22254 YACHTCLUB TERRACE  
City-St-Zip: LAND O'LAKES, FL 34639

Title: VP      ( ) Delete  
Name: LARSON, MARLENE  
Address: 21038 TANGOR ROAD  
City-St-Zip: LAND O'LAKES, FL 34637

Title: T      ( ) Delete  
Name: HUDSON, LINDA  
Address: 11945 N RIVERHILLS DRIVE  
City-St-Zip: TAMPA, FL 33617

Title: AT      ( ) Delete  
Name: ERICKSON, ROBERT  
Address: 4627 RUE BORDEAUX  
City-St-Zip: LUTZ, FL 33558

Title: RS      ( ) Delete  
Name: PROSPER, LYNETTE  
Address: 1105 OXBRIDGE DRIVE  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: RS      (X) Change ( ) Addition  
Name: TEDROW, JANET  
Address: 1707 MILL RUN CIRCLE  
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MURIEL ERICKSON

P

05/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date