

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State

06-21-2006 90002 035 ****61.25

DOCUMENT # 717016 1. Entity Name AUXILIARY OF ST. PETERSBURG GENERAL HOSPITAL, INC.					
Principal Place of Business 6500 38TH AVE. NO. ST. PETERSBURG, FL 33710			Mailing Address 6500 38TH AVE. NO. ST. PETERSBURG, FL 33710		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FCI Number NOT APPLICABLE	
5. Certificate of Status Desired ☐				6. Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent MCQUADE, Carol 1926 NORFOLK STREET NORTH SAINT PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name CAROL McQUADE Street Address (P.O. Box Number's Not Acceptable) SAME AS address on City Other side 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 <i>Carol McQuade</i> 6/15/06					
Filing Fee is \$61.25 Due by September 6, 2006		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 NAME STREET ADDRESS CITY ST ZIP	P MCQUADE, CHET 1926 NORFOLK STREET NORTH SAINT PETERSBURG, FL 33710	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PRESIDENT MICHELE LUPTON 2001 83RD AVE N #1111 ST. PETE FL 33702	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S ECKSTEIN, PATRICIA 6081 49 AVE. N. KENNETH CITY, FL 33709	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	S. TERRE BOUCHER 5041 82ND AVENUE, 208 PINELLAS PARK, FL 33781	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D GABY, SHIMA SELMA 8011 26 OWEN SAINT PETERSBURG, FL 33710	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T MCQUADE, CAROL 1926 NORFOLK STREET NORTH SAINT PETERSBURG, FL 33710	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP NAGLE, RIC 9200 PARK BLVD # 206 SAINT PETERSBURG, FL 33709	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	VP LUPTON, MICHELE 2001 83RD AVE NORTH # 1111 SAINT PETERSBURG, FL 33702	☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	VP MARI JEAN DUMONT 6400 46 AVENUE, #61 KENNETH CITY, FL 33709	☒ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 a other like empowered.					
SIGNATURE: <i>Carol McQuade</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					