

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008 8:00 am
Secretary of State

07-24-2008 90016 033 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LUPTON, MICHELE 2001.83RD AVE. D. #1111 SAINT PETERSBURG, FL 33710			7. Name and Address of New Registered Agent Name <u>Anita R. Brown</u> Street Address (P.O. Box Number is Not Acceptable) <u>4500 67th Way North</u> City <u>St. Petersburg</u> <u>FL</u> Zip Code <u>33709</u>		
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 12, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LUPTON, MICHELE 2001 83RD AVE NORTH #1111 SAINT PETERSBURG, FL 33702	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT Brown, Anita 4500 67th Way N St. Petersburg, FL 33709	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOUCHER, IRENE 5041 82ND AVE NORTH # 208 PINELLAS PARK, FL 33781	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC. Prince, Helen 3901 61st St. N. St. Petersburg, FL 33709	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GABY, SSIMA 8011 26 OWEN SAINT PETERSBURG, FL 33710	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR AT LARGE Janae, Theo 6781 35th Terrace N. St. Petersburg, FL 33710	☒ 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	Treasurer Brown, Helen 5041 82nd Avenue No. Apt #201 Pinellas Park, FL 33781	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DUMONT, MARI JEAN 6400 46TH AVE NORTH #61 KENNETH CITY, FL 33709	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ 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 all other like empowered.					
SIGNATURE <u>Anita R. Brown</u> <u>Anita R. Brown</u> <u>7/11/08</u> <u>627</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					