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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721726 (8)
1. Corporation Name
AUXILIARY GIFT SHOP, INC. OF NORTH BAY MEDICAL CENTER



Principal Place of Business: 6600 MADISON AVENUE, NEW PORT RICHEY FL 34652-1971
Mailing Address: 6600 MADISON AVENUE, NEW PORT RICHEY FL 34652-1971

3. Date Incorporated or Qualified: 09/20/1971
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2344159	Applied For: Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Country	29. Country	30. Country	

9. Name and Address of Current Registered Agent YOUNGCLAUS, JOSPHINE 7325 MONTEGO AVE NEW PORT RICHEY FL 34653	10. Name and Address of New Registered Agent
B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)
B3	B4 City
B5 Zip Code	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODERICK, PHYLLIS	1.2 NAME	
STREET ADDRESS	8009 FOX HOLLOW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOKANSON, NANCY	2.2 NAME	Jean Wright
STREET ADDRESS	4307 TIBURON DRIVE	2.3 STREET ADDRESS	PO Box 1596 N/A
CITY-ST-ZIP	NEW PORT RICHEY FL		
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREAU, JUNE	3.2 NAME	
STREET ADDRESS	9917 LOPEX	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, MARIE	4.2 NAME	
STREET ADDRESS	7315 BENT OAK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Phyllis Broderick* 4/14/97 (813) 863-3299
DAYTIME PHONE # 0067921

CR2E037 (9/96)