

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 734314 (8)

1. Corporation Name
WOMEN'S HOSPITAL AUXILIARY, INC.



Principal Place of Business 3030 M L K JR BLVD TAMPA FL 33607	Mailing Address 3030 M L K JR BLVD TAMPA FL 33607
---	---

3. Date Incorporated or Qualified 11/13/1975	3a. Date of Last Report 03/29/1995
--	--

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 51-0185556	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

**CARSON, SANDRA L.
4213 HARTWOOD LANE
TAMPA FL 33624**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 agent 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD WITT, LISSA L	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS	3030 W. MARTIN LUTHER KING BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	D MUZIO, ELIZABETH	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS	3030 MARTIN LUTHER KING BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	
TITLE	PD CARSON, SANDRA	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS	3030 W. MARTIN LUTHER KING BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	D MOORE, BETTY	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS	3030 W. MARTIN LUTHER KING BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Lissa L Witt* 5/10/96 813-822-3990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Even Phone #

CR2E037 (12/95)