

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734314** (8)

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



Principal Place of Business <b>3030 M L K JR BLVD TAMPA FL 33607</b>	Mailing Address <b>3030 M L K JR BLVD TAMPA FL 33607</b>
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3. Date Incorporated or Qualified <b>11/13/1975</b>	3a. Date of Last Report <b>05/20/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>51-0185556</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>CARSON, SANDRA L. 4213 HARTWOOD LANE TAMPA FL 33624</b>	

10. Name and Address of New Registered Agent	
81 Name <b>Rosen, Selina</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>7911 Heather Court</b>	
83	
84 City <b>Tampa</b>	85 Zip Code <b>FL 33634</b>

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 Selina C. Rosen **Selina C. Rosen** (NOTE: Registered Agent signature required when reinstating) DATE **May 1, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITT, LISSA L	1.2 NAME	
STREET ADDRESS	3030 W. MARTIN LUTHER KING BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUZIO, ELIZABETH	2.2 NAME	
STREET ADDRESS	3030 MARTIN LUTHER KING BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, SANDRA	3.2 NAME	
STREET ADDRESS	3030 W. MARTIN LUTHER KING BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, BETTY	4.2 NAME	
STREET ADDRESS	3030 W. MARTIN LUTHER KING BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	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	

VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Krauss, Hazel	
5117 Memorial Highway	
Tampa, FL 33634	
PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Rosen, Selina	
7911 Heather Court	
Tampa, FL 33634	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lissa Lou Witt **Lissa Lou Witt** DATE **5/1/97** 813-872-3990 Daytime Phone # 0079154

CR2E037 (9/96)