

FILE NOW: FILING FEE IS \$61.25

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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 3030 M L K JR BLVD TAMPA FL 33607	Mailing Address 3030 M L K JR BLVD TAMPA FL 33607
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3. Date Incorporated or Qualified 11/13/1975	3a. Date of Last Report 05/20/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 51-0185556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	
CARSON, SANDRA L. 4213 HARTWOOD LANE TAMPA FL 33624	

10. Name and Address of New Registered Agent	
81 Name Rosen, Selina	85 Zip Code 33634
82 Street Address (P.O. Box Number is Not Acceptable) 7911 Heather Court	
83	
84 City Tampa	85 State 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 *Selina C. Rosen* DATE *May 1, 1997*
Selina C. Rosen, Name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	

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* DATE *5/1/97* 813-872-3990
Lissa Lou Witt, Name of Signing Officer or Director Daytime Phone # 0079154

CR2E037 (9/96)