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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra G. Morittum 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	
4. FEI Number 51-0185556	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 3030 W. DR. MLK JR BLVD	2a. Mailing Address 26 3030 W. DR. MLK JR BLVD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33607	Country 25 USA
Country 29 USA	Zip 30 33607

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 Selina C. Rosen	
82 Street Address (P.O. Box Number is Not Acceptable) 7911 HEATHER COURT	
83	
84 City TAMPA	85 Zip Code FL 33634

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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* **4/10/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WITT, LISSA L 3030 W. MARTIN LUTHER KING BLVD. TAMPA FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FPD KRAUSS, HAZEL 5117 MEMORIAL HIGHWAY TAMPA FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSEN, SELINA 7991 TAMPA FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BETTY 3030 W. MARTIN LUTHER KING BLVD. TAMPA FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Recording Secretary SD Jean Martin 9123 McMillan Lane Tampa, Florida 33635	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Corresponding Secretary SD Elaine Lynch 2611 Bayshore Blvd. #705 Tampa, FL 33629-7357	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Assistant Treasurer ATD Ann Liverzani 1629 Mission Hills Blvd. Clearwater, FL 33759	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *Selina C. Rosen* **4/10/98 872-3990**

CF2E037 (10/97)