

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 734314  
 1. Entity Name  
 WOMEN'S HOSPITAL AUXILIARY, INC.



Principal Place of Business      Mailing Address  
 3030 W DR MLK JR BLVD      3001 W DR MLK BLVD  
 TAMPA, FL 33607 US      TAMPA, FL 33607 US



01202004 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 51-0185556      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CARSON, SANDRA L  
 4213 HARTWOOD LANE  
 TAMPA, FL 33624

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sandra L. Carson SANDRA L. CARSON      DATE: 1-20-04  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINKOUS, CAROLYN 9305 ROBERTS ROAD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FVPD SEEGERS, ANNE MARIE 2711 W. HUMPHREY ST. TAMPA, FL 336141826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SERDY, JEAN 14123 CYPRESS RUN TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD JOAN, SHANNON 14601 BRENTWOOD PLACE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COBB, VIRGINIA A 13931 CLUBHOUSE CIR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD NORRIS, LOUISE 8307 N FREMONT AVE. TAMPA, FL 33604

U00000012603  
 01/26/04-80016-023 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Virginia A. Cobb      DATE: 1/20/04      DAYTIME PHONE #: 813-872-3990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR