

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734314

FILED  
Jan 09, 2011  
Secretary of State

**Entity Name:** WOMEN'S HOSPITAL AUXILIARY, INC.

**Current Principal Place of Business:**

3030 W DR MLK JR BLVD  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

3001 W DR MLK BLVD  
TAMPA, FL 33607 US

**New Mailing Address:**

3030 W DR MLK JR BLVD  
TAMPA, FL 33607 US

**FEI Number:** 51-0185556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEFPOULOS, DEBBIE S  
2631 ROYAL LIVERPOOL DRIVE  
TARPON SPRINGS, FL 34688 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PED  
Name: HIRES, JEANNELLE  
Address: 6004 RIVER TERRACE  
City-St-Zip: TAMPA, FL 33604

Title: VPD  
Name: WILLIAMS, JULIE  
Address: 1111 N RIVERHILLS DR  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: RSD  
Name: YGLESIAS, MARY  
Address: 23768 OAKSIDE BLVD  
City-St-Zip: LUTZ, FL 33559

Title: TD  
Name: STEFOPOULOS, DEBBIE S  
Address: 2631 ROYAL LIVERPOOL DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBBIE S STEFOPOULOS

TD

01/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date