

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734314

FILED
Jan 16, 2012
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:

3030 W DR MLK JR BLVD
TAMPA, FL 33607 US

New Mailing Address:

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

01/16/2012

Electronic Signature of Signing Officer or Director

_____ Date