

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **739150** (1)

1. Corporation Name

BRANDON HOSPITAL AUXILIARY, INC.



Principal Place of Business

**119 OAKFIELD DRIVE
BRANDON FL 33511**

Mailing Address

**119 OAKFIELD DRIVE
BRANDON FL 33511**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/24/1977

3a. Date of Last Report

02/14/1995

4. FEI Number

59-1745948

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

g. Name and Address of Current Registered Agent

**RISK MANAGER (ADMINISTRATION)
119 OAKFIELD DRIVE
BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILKIN, JANICE	
STREET ADDRESS	144 LAUREL CREST	
CITY-ST-ZIP	VALRICO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PERSHIN, BERNIE	
STREET ADDRESS	4203 CUSTER DR	
CITY-ST-ZIP	VALRICO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, DONNA	
STREET ADDRESS	205 MAHOGANY DR	
CITY-ST-ZIP	SEFFNER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CRANNELL, NORMA	
STREET ADDRESS	625 STILLVIEW CIRCLE	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BERNIE PERSHIN	
13 STREET ADDRESS	4203 CUSTER DR.	
14 CITY-ST-ZIP	VALRICO, FL 33594	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	NORMA CRANNELL	
23 STREET ADDRESS	625 STILLVIEW CIRCLE	
24 CITY-ST-ZIP	BRANDON, FL 33510	
31 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	MARY JENNUS	
33 STREET ADDRESS	1105 FREDRICK LN.	
34 CITY-ST-ZIP	BRANDON, FL 33511	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Bernie Pershin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BERNIE PERSHIN

1-17-96 (813) 684-7390

Date Daytime Phone #

CR2E037 (12/95)