

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:38

DOCUMENT # **753853** (1)
1. Corporation Name
HELEN ELLIS MEMORIAL HOSPITAL AUXILIARY, INC.

Principal Place of Business Mailing Address
INC. INC.
1395 S. PINELLAS AVENUE 1395 S. PINELLAS AVENUE
TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/21/1980** 3a. Date of Last Report **01/28/1994**
4. FEI Number **59-2106043** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
TARPON SPRINGS HOSPITAL FOUNDATION, INC
1395 S. PINELLAS AVENUE
TARPON SPRINGS FL 33589

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'TOOLE, EILEEN 4208 CASTLEWOOD DRIVE HOLIDAY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CARRERO, ABE 2923 PINWOOD RUN PALM HARBOR FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LISCIANDRO, JOSEPH 3520 BEACON SQ DR HOLIDAY FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DANIELS, JOHN 811 GULF RD TARPON SPRINGS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUFFMAN, LILLIAN 39820 US 19 N 70 TARPON SPRINGS FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V VIGNERON, ROBERT 436 MARINER DRIVE TARPON SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P Joseph Lisciandro 3520 Beacon Square Drive Holiday, FL 34691-3 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V Marge Ferguson 1456 Lakeview Drive Tarpon Springs, FL 34689 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	T Robert Vigneron 436 Mariner Drive Tarpon Springs, FL 34689-6 <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D Eileen O'Toole 4208 Castlewood Drive Holiday, FL 34691-1 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D Lillian Huffman 39820 U.S. 19 N. #70 Tarpon Springs, FL 34689-2 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D Bernie Alberts 3300 Kilburn Road Holiday, FL 34691 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 110.07(3)(b), 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 affidavit.

SIGNATURE Joseph Lisciandro 1-20-95 (813) 9425072
DATE _____