

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 # **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

3. Date Incorporated or Qualified **08/21/1980** 3a. Date of Last Report **01/30/1995**
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**
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 25 Country 29 Zip 30 Country

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 Numbers Not Acceptable) **260001 2315 77**
03/04/96--01126--021
83 *****61.25**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'TOOLE, EILEEN 4208 CASTLEWOOD DRIVE HOLIDAY FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P Marjorie M. Ferguson 1456 Lakeview Drive Tarpon Springs, Fl 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARRERO, ABE 2923 PINWOOD RUN PALM HARBOR FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V Donald Withers 1815 Golfview Drive Tarpon Springs, Fl 34689 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LISCIANDRO, JOSEPH 3520 BEACON SQ DR HOLIDAY FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T Jeanette H. Hilton 3225 Jarvis Street Holiday, Fl 34690 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, JOHN 811 GULF RD TARPON SPRINGS FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition * ALICE DI PIETRO 1824 DARTMOUTH DR. HOLIDAY FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUFFMAN, LILLIAN 39820 US 19 N 70 TARPON SPRINGS FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition * CLIFFORD PENDELTON 39820 U.S. Hwy 19 TARPON SPRINGS FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VIGNERON, ROBERT 436 MARINER DRIVE TARPON SPRINGS FL <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition * Joseph Lisциandro 3520 Beacon Square Drive Holiday, Fl 34691

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: Jeanette H. Hilton January 27, 1996
JEANETTE H. HILTON, Treasurer
SG 3-4-96 813 937 0690

CR2E037 (12/95)