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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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. 1395 S. PINELLAS AVENUE
TARPON SPRINGS FL 34689 INC. 1395 S. PINELLAS AVENUE
TARPON SPRINGS FL 34689-3721

3. Date Incorporated or Qualified 08/21/1980 3a. Date of Last Report 03/04/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2106043 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
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

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 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
TITLE P FERGUSON, MARJORIE DELETE
NAME FERGUSON, MARJORIE
STREET ADDRESS 1456 LAKEVIEW DR
CITY-ST-ZIP TARPON SPRINGS FL 34689
TITLE V WITHERS, DONALD
NAME WITHERS, DONALD
STREET ADDRESS 1815 GOLFVIEW DR
CITY-ST-ZIP TARPON SPRINGS FL 34689
TITLE T HILTON, JEANNETTE
NAME HILTON, JEANNETTE
STREET ADDRESS 3225 JARVIS ST
CITY-ST-ZIP HOLIDAY FL 34690
TITLE D DI PIETRO, ALICE
NAME DI PIETRO, ALICE
STREET ADDRESS 1824 DARTMOUTH DR
CITY-ST-ZIP HOLIDAY FL 34691
TITLE D PENDELTON, CLIFFORD
NAME PENDELTON, CLIFFORD
STREET ADDRESS 39820 US HWY 19
CITY-ST-ZIP TARPON SPRINGS FL 34689
TITLE D LISCIANDRO, JOSEPH
NAME LISCIANDRO, JOSEPH
STREET ADDRESS 3520 BEACON SQUARE DR
CITY-ST-ZIP HOLIDAY FL 34691

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P WITHERS DONALD Change
1.2 NAME WITHERS DONALD
1.3 STREET ADDRESS 1815 GOLFVIEW DR.
1.4 CITY-ST-ZIP TARPON SPRINGS FL 34689
2.1 TITLE ASSISTANT TREASURER Change Addition
2.2 NAME HUFFMAN, LILLIAN
2.3 STREET ADDRESS 39820 US HWY 19 N # 70
2.4 CITY-ST-ZIP TARPON SPRINGS FL 34689
3.1 TITLE D KOLLY FRANK
3.2 NAME KOLLY FRANK
3.3 STREET ADDRESS 328 COLONIAL BLVD.
3.4 CITY-ST-ZIP PALM HARBOR FL 34684
4.1 TITLE V FIRST VICE PRESIDENT Change Addition
4.2 NAME DI PIETRO ALICE
4.3 STREET ADDRESS 1824 DARTMOUTH DR.
4.4 CITY-ST-ZIP HOLIDAY FL 34691
5.1 TITLE D KAREN STEVENSON
5.2 NAME KAREN STEVENSON
5.3 STREET ADDRESS 101 CYPRESS POND
5.4 CITY-ST-ZIP PALM HARBOR FL 34683
6.1 TITLE D PYLES JULIE
6.2 NAME PYLES JULIE
6.3 STREET ADDRESS 1109 MADEIRA DR
6.4 CITY-ST-ZIP PALM HARBOR FL 34684

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: _____ DAYTIME PHONE # 0088935

CR2E037 (9/96)