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**Feb 17 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753853 (1)
1. Corporation Name
HELEN ELLIS MEMORIAL HOSPITAL AUXILIARY, INC.



Principal Place of Business INC. 1395 S. PINELLAS AVENUE TARPON SPRINGS FL 34689	Mailing Address INC. 1395 S. PINELLAS AVENUE TARPON SPRINGS FL 34689
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3. Date Incorporated or Qualified 08/21/1980	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2106043	

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 AT	<input checked="" type="checkbox"/> DELETE
NAME HUFFMAN, LILLIAN	
STREET ADDRESS 39820 US 19 N #70	
CITY-ST-ZIP TARPON SPRINGS FL	
TITLE P	<input type="checkbox"/> DELETE
NAME WITHERS, DONALD	
STREET ADDRESS 1815 GOLFVIEW DR	
CITY-ST-ZIP TARPON SPRINGS FL	
TITLE T	<input type="checkbox"/> DELETE
NAME HILTON, JEANNETTE	
STREET ADDRESS 3225 JARVIS ST	
CITY-ST-ZIP HOLIDAY FL 34690	
TITLE FVP	<input type="checkbox"/> DELETE
NAME DI PIETRO ALICE	
STREET ADDRESS 1824 DARTMOUTH DR	
CITY-ST-ZIP HOLIDAY FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME PENDELTON, CLIFFORD	
STREET ADDRESS 39820 US HWY 19	
CITY-ST-ZIP TARPON SPRINGS FL 34689	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME STEVENSON, KAREN	
STREET ADDRESS 101 CYPRESS POND	
CITY-ST-ZIP PALM HARBOR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME HUFFMAN	
1.3 STREET ADDRESS 39820 U.S HWY 19	
1.4 CITY-ST-ZIP TARPON SPRINGS FL 34689	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME PENDELTON, CLIFFORD	
5.3 STREET ADDRESS 39820 U.S. Hwy 19	
5.4 CITY-ST-ZIP TARPON SPRINGS FL 34689	
6.1 TITLE ASST. TREAS - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME DALBEC - LAURA	
6.3 STREET ADDRESS 6450-6 DATE PALM BLD	
6.4 CITY-ST-ZIP PORT RICHEY FL 34668	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ *Jeannette N. Hilton 2-11-98 813-942-5000*

CR2E037 (10/97)