

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 # **N02311 (1)**
1. Corporation Name
SOUTH SEMINOLE COMMUNITY HOSPITAL AUXILIARY, INC



Principal Place of Business Mailing Address
555 STATE ROAD 434 P.O. BPX 1607 LONGWOOD FL 32750
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3. Date Incorporated or Qualified **04/02/1984** 3a. Date of Last Report **02/15/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2454386	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOCKHART, VIRGINIA
195 HERON BAY CIRCLE
LAKE MARY FL 32746

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
B5	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 *Virginia Lockhart* **Virginia Lockhart, Treasurer** (NOTE: Registered Agent signature required when re-registering) **FEBRUARY 28, 1996** DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, JEANNE		1.2 NAME	
STREET ADDRESS	204 EGRET CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPURNEY, LEE		2.2 NAME	
STREET ADDRESS	108 LAMPLIGHTER RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, MARY		3.2 NAME	WEEKS, SHIRLEY
STREET ADDRESS	42 HACIENDA VILLAGE		3.3 STREET ADDRESS	892 BRENTWOOD DR
CITY-ST-ZIP	WINTER SPRINGS FL		3.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	AT	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERRER, HELEN		4.2 NAME	
STREET ADDRESS	1728 PINE RIDGE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL		4.4 CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKHART, VIRGINIA		5.2 NAME	
STREET ADDRESS	195 HERON BAY CIR		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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: *Virginia Lockhart* **VIRGINIA LOCKHART** FEB 28, 1996 (407) 322-5436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)