

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

3. Date Incorporated or Qualified **04/02/1984** 3a. Date of Last Report **02/15/1995**
4. FEI Number **59-2454386** 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 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**LOCKHART, VIRGINIA
195 HERON BAY CIRCLE
LAKE MARY FL 32746**
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 *Virginia Lockhart* **FEBRUARY 28, 1996**
Virginia Lockhart, Treasurer (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SCHAFFER, JEANNE 204 EGRET CT ALTAMONTE SPRINGS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	S SPURNEY, LEE 108 LAMPLIGHTER RD ALTAMONTE SPRINGS FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	V COOK, MARY 42 HACIENDA VILLAGE WINTER SPRINGS FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	WEEKS, SHIRLEY
STREET ADDRESS		3.3 STREET ADDRESS	892 BRENTWOOD DR
CITY - ST - ZIP		3.4 CITY - ST - ZIP	APOPKA, FL 32712
TITLE	AT SCHERRER, HELEN 1728 PINE RIDGE ROAD SANFORD FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	T LOCKHART, VIRGINIA 195 HERON BAY CIR LAKE MARY FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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* **FEB 28, 1996** (407) 322-5436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
VIRGINIA LOCKHART

CR2E037 (12/95)