

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 # 717016

(0) N/C 1-17-96

1. Corporation Name

~~Center Of Columbia St. Petersburg Medical Inc.~~
Center
Auxiliary Of Columbia St. Petersburg Medical Inc.

Principal Place of Business

6500 38TH AVE. NO.
ST. PETERSBURG FL 33710

Mailing Address

6500 38TH AVE. NO.
ST. PETERSBURG FL 33710



3. Date Incorporated or Qualified

08/15/1969

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2045366

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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

10. Name and Address of New Registered Agent

JACKSON, EARL H.
6844 34TH AVENUE NORTH
ST PETERSBURG FL 33710

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME
STOLL, ANN
STREET ADDRESS
10611 66 ST #113
CITY-ST-ZIP
PINELLAS PARK FL

TITLE ☒ DELETE

NAME
MASKULAK, KATHERINE
STREET ADDRESS
5285 26 AVE N
CITY-ST-ZIP
ST PETERSBURG FL

TITLE ☒ DELETE

NAME
LOHMAN, JANE
STREET ADDRESS
9120 N 40 WAY
CITY-ST-ZIP
PINELLAS PARK FL

TITLE ☐ DELETE

NAME
JACKSON, EARL H.
STREET ADDRESS
6844 34TH AVE N
CITY-ST-ZIP
ST. PETERSBURG FL

TITLE ☐ DELETE

NAME
HART, MICKEY
STREET ADDRESS
1533 N 55 ST
CITY-ST-ZIP
ST. PETERSBURG FL

TITLE ☒ DELETE

NAME
COOK, RUTH
STREET ADDRESS
7400 46 AVE
CITY-ST-ZIP
ST. PETERSBURG FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V P

Grace Kelly

3005 81st Street No.

St Petersburg 33710

Rose marie Ceschan

34413 Oleander Dr. Pineiias Park Fl.

34665

D

Walker Pat

6477 33rd Ave.No.

St.Petersburg, Fla. 337 10

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Maskulak Katherine

5285 26 Ave.no.

St. Petersburg Fl. 33710

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: H. Earl Jackson *H. Earl Jackson* 4-22-96 (813)3477279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)