


FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **717016** (0)

1. Corporation Name
AUXILIARY OF COLUMBIA ST. PETERSBURG MEDICAL CENTER, INC.

Principal Place of Business 6500 38TH AVE. NO. ST. PETERSBURG FL 33710	Mailing Address 6500 38TH AVE. NO. ST. PETERSBURG FL 33710
--	--

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

3. Date incorporated or Qualified 08/15/1969	4. FEI Number 59-2045366	Applied For <input type="checkbox"/> Not Applicable
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 checked="" 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 checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent JACKSON, EARL H. 6844 34TH AVENUE NORTH ST PETERSBURG FL 33710	10. Name and Address of New Registered Agent 81 Name Patricia A. Henry 82 Street Address (P.O. Box Number is Not Acceptable) 6017-38th. Ave North 83 City St. Petersburg Fl. 33710 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 Patricia A. Henry **Patricia A. Henry** **4/23/98**
Signature, typed or printed name of registered agent and elect applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP NAME KELLY, GRACE STREET ADDRESS 3005 81ST STREET NO. CITY-ST-ZIP ST PETERSBURG FL 33710 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P Grace Kelly 4435 97th. Ave. No. Pinellas Park, 33772
TITLE	S NAME PREISSLER, ARLENE STREET ADDRESS 5282 FLAMINGO CT CITY-ST-ZIP ST PETERSBURG FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D NAME WALKER, PAT STREET ADDRESS 6477 33RD AVE. N. CITY-ST-ZIP ST PETERSBURG FL 33710 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T NAME JACKSON, EARL H. STREET ADDRESS 6844 34TH AVE N CITY-ST-ZIP ST. PETERSBURG FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T Patricia A. Henry 6017 38th. Ave No. ST. Petersburg Fl. 33710
TITLE	D NAME HART, MICKEY STREET ADDRESS 1533 N 55 ST CITY-ST-ZIP ST. PETERSBURG FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P NAME MASKULAK, KATHERINE STREET ADDRESS 5285 28 AVE. N. CITY-ST-ZIP ST. PETERSBURG FL 33710 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Shirley Schreiber 7066 49th. Ave No. St. Petersburg FL. 33709

14. I 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: Patricia A. Henry

CR2E037 (10/97)