

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717016

FILED
Feb 11, 2009
Secretary of State

Entity Name: AUXILIARY OF ST. PETERSBURG GENERAL HOSPITAL, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2045366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, ANITA R
4500 67TH WAY NORTH
SAINT PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, ANITA R
Address: 4500 67TH WAY NORTH
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: S () Delete
Name: PRINCE, HELEN
Address: 3901 61ST STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D () Delete
Name: JANAE, THEO
Address: 6781 35TH TERRACE N.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: VP () Delete
Name: NAGLE, RIC
Address: 9200 PARK BLVD # 206
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: T () Delete
Name: BROWN, HELEN
Address: 5041 32ND AVE N. APT #201
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HAYES, ANNA
Address: 5855 51ST STREET SO
City-St-Zip: ST. PETERSBURG, FL 33715

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA BROWN

PRES

02/11/2009

Electronic Signature of Signing Officer or Director

Date