

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717016

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 59-2045366

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HOGE, JESSICA  
6500 38TH AVE NO  
SAINT PETERSBURG, FL 33710 US

*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:** JESSICA HOGE

02/20/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NAGLE, RIC  
Address        6500 38TH AVE. NO.  
City-State-Zip: ST. PETERSBURG FL 33710

Title            TREASURER  
Name            KISH, DARLENE  
Address        6500 38TH AVE. NO.  
City-State-Zip: ST. PETERSBURG FL 33710

Title            D  
Name            MILES, JOAN  
Address        6500 38TH AVE. NO.  
City-State-Zip: ST. PETERSBURG FL 33710

Title            VP  
Name            MYERS, BETSY  
Address        6500 38TH AVE. NO.  
City-State-Zip: ST. PETERSBURG FL 33710

Title            SECRETARY  
Name            STAHLGREN, MARK  
Address        6500 38TH AVE. NO.  
City-State-Zip: ST. PETERSBURG FL 33710

*I hereby 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 all other like empowered.*

**SIGNATURE:** DARLENE KISH

**TREASURER**

02/20/2019

Electronic Signature of Signing Officer/Director Detail

Date