

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90024 022 \*\*\*\*61.25

<b>DOCUMENT # 701445</b> 1. Entity Name <b>TAMPA GENERAL HOSPITAL AUXILIARY, INC.</b>					
Principal Place of Business <b>DAVIS ISLAND P O BOX 1289 TAMPA FL 33601</b>			Mailing Address <b>DAVIS ISLAND P O BOX 1289 TAMPA FL 33601</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>59-0810712</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ARNOLDS, DONNA 6203 MANGROVE DR ZEPHYRHILLS FL 33544</b> <i>delete</i>				7. Name and Address of New Registered Agent Name <b>COORDINATOR, AUXILIARY SERVICES</b> Street Address (P.O. Box Number is Not Acceptable) <b>TAMPA GENERAL HOSPITAL AUXILIARY</b> <b>P.O. BOX 1289 &amp; COLUMBIA DR</b> City <b>TAMPA FL</b> Zip Code <b>33601 33606</b>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Donna Arnold, Coordinator, Auxiliary Services</i></u> DATE <u><i>3/31/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <b>SVPT</b> NAME <b>MILLER, VIVIAN</b> STREET ADDRESS <b>3812 S KENWOOD AVE</b> CITY-ST-ZIP <b>TAMPA FL 33611</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>RECORDING SECRETARY</b> NAME <b>CAROLINE HOWTON</b> STREET ADDRESS <b>4601 BAY COURT AVE</b> CITY-ST-ZIP <b>TAMPA FL 33611</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>PT</b> NAME <b>HART, MARY JO</b> STREET ADDRESS <b>4005 W SAN MIGUEL ST</b> CITY-ST-ZIP <b>TAMPA FL 33629</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>SECRETARY</b> NAME <b>DAVID</b> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>SB</b> NAME <b>MOSGROVE, ELSIE</b> STREET ADDRESS <b>7536 17TH LANE NORTH</b> CITY-ST-ZIP <b>SAINT PETERSBURG FL 33702</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>SVPT</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>TD</b> NAME <b>ARNOLD, GARY</b> STREET ADDRESS <b>6203 MANGROVE DRIVE</b> CITY-ST-ZIP <b>WESLEY CHAPEL FL 33544</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>TREASURER</b> NAME <b>HEIDI MUERS</b> STREET ADDRESS <b>3302 EL PRADO BLVD</b> CITY-ST-ZIP <b>TAMPA FL 33629</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>THOMAS, C.M.</b> STREET ADDRESS <b>716 OREGON AVENUE</b> CITY-ST-ZIP <b>TAMPA FL 33606</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>D</b> NAME <b>DARRELL HOWTON</b> STREET ADDRESS <b>4601 BAY COURT AVE.</b> CITY-ST-ZIP <b>TAMPA FL 33611</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>TVPT</b> NAME <b>RICHARDSON, DEE</b> STREET ADDRESS <b>7908 PATTERSON ROAD</b> CITY-ST-ZIP <b>TAMPA FL 33634</b>	<input checked="" type="checkbox"/> Delete		TITLE <b>IVPT</b> NAME <b>CATHY PHILLIPS</b> STREET ADDRESS <b>8816 MEMORIAL HIGHWAY</b> CITY-ST-ZIP <b>TAMPA FL 33615</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Heidi M. Muers</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					