


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90162 036 ****61.25

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|---|---|
| DOCUMENT # 701445 |  |
| 1. Entity Name TAMPA GENERAL HOSPITAL AUXILIARY, INC. | |

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| Principal Place of Business DAVIS ISLAND P O BOX 1289 TAMPA FL 33601 | Mailing Address DAVIS ISLAND P O BOX 1289 TAMPA FL 33601 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |



1st MOORE CR2E037 (10/04)

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|---|--|
| 4. FEI Number 59-0810712 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent COORDINATOR, AUXILLARY SERVICES TAMPA GENERAL HOSPITAL AUXILLARY P.O. BOX 1289- 2 COLUMBIA DR TAMPA FL 33601 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | RS HOWTON, CAROLINE 4609 BAY COURT AVE TAMPA FL 33611 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CATHY PHILLIPS 8816 MEMORIAL HWY TAMPA FL 33615 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT HART, MARY JO 4005 W SAN MIGUEL ST TAMPA FL 33629 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ELSIE MOSGROVE 7536 17TH LANE NORTH ST. PETERSBURG FL 33702 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2VPT MOSGROVE, ELSIE 7536 17TH LANE NORTH SAINT PETERSBURG FL 33702 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JOAN THOMAS 716 S. OREGON TAMPA FL 33606 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MYERS, HEIDI 3302 EL PRADO BLVD TAMPA FL 33629 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | HEIDI MYERS 3302 EL PRADO TAMPA FL 33629 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HOWTON, DARELL 4609 BAY COURT AVE. TAMPA FL 33611 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | JUDY THOMPSON 1403 PINE TREE CIRCLE WIMAUMA FL 33598 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TVPT PHILLIPS, CATHY 8816 MEMORIAL HIGHWAY TAMPA FL 33615 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MARLE BISHOP 1004 LAKE CHARLES CIRCLE LUTZ FL 33548 <input type="checkbox"/> Change <input 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:

Heidi M Myers **HEIDI M MYERS**

04/27/05 (813) 844-7449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #