2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2008 8:00 am
Secretary of State
05-12-2008 90031 011 ****61.25

DOCUMENT # **701445**

1. Entity Name

TAMPA GENERAL HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
DAVIS ISLAND P O BOX 1289 TAMPA FL 33601	DAVIS ISLAND P O BOX 1289 TAMPA FL 33601

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0810712 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 P NAME PHILLIPS, CATHY STREET ADDRESS 8816 MEMORIAL HWY CITY-ST-ZIP TAMPA FL 33615	☒ Delete	TITLE P NAME MOSGROVE, ELSIE STREET ADDRESS 7536 17TH LANE N CITY-ST-ZIP ST. PETERSBURG FL 33702	☐ Change ☑ Addition
TITLE 1VP NAME MOSGROVE, ELSIE STREET ADDRESS 7536 17TH LANE N CITY-ST-ZIP SAINT PETERSBURG FL 33702	☒ Delete	TITLE 1VP NAME HOLT, LINDA STREET ADDRESS 4015 W VASCONIA ST CITY-ST-ZIP TAMPA FL 33629	☐ Change ☑ Addition
TITLE 2VPT NAME THOMAS, JOAN STREET ADDRESS 716 S OREGON CITY-ST-ZIP TAMPA FL 33606	☒ Delete	TITLE 2VP NAME HART, MARY JO STREET ADDRESS 4005 W SAN MIGUEL ST CITY-ST-ZIP TAMPA FL 33629	☐ Change ☑ Addition
TITLE T NAME MYERS, HEIDI STREET ADDRESS 3302 EL PRADO BLVD CITY-ST-ZIP TAMPA FL 33629	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE RS NAME THOMPSON, JUDY STREET ADDRESS 1403 PINE TREE CIRCLE CITY-ST-ZIP WIMAUMA FL 33598	☐ Delete	TITLE RS NAME MONTGOMERY, MARSHA STREET ADDRESS 4814 EUCLID AVE CITY-ST-ZIP TAMPA FL 33629	☐ Change ☐ Addition
TITLE CS NAME JURGENSON, PAULA STREET ADDRESS 3306 WALLCRAFT AVE CITY-ST-ZIP TAMPA FL 33611	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 TREASURER 4/24/08 (813) 844-7361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR