

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701445

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: TAMPA GENERAL HOSPITAL AUXILIARY, INC.

## Current Principal Place of Business:

DAVIS ISLAND  
P O BOX 1289  
TAMPA, FL 33601

## New Principal Place of Business:

1 TAMPA GENERAL CIRCLE  
TAMPA, FL 33606

## Current Mailing Address:

DAVIS ISLAND  
P O BOX 1289  
TAMPA, FL 33601

## New Mailing Address:

1 TAMPA GENERAL CIRCLE  
TAMPA, FL 33606

FEI Number: 59-0810712

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COORDINATOR, AUXILLARY SERVICES  
TAMPA GENERAL HOSPITAL AUXILLARY  
P.O. BOX 1289- 2 COLUMBIA DR  
TAMPA, FL 33601 US

## Name and Address of New Registered Agent:

COORDINATOR, AUXILLARY SERVICES  
TAMPA GENERAL HOSPITAL AUXILLARY  
1 TAMPA GENERAL CIRCLE  
TAMPA, FL 33606 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:

04/29/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MOSGROVE, ELSIE  
Address: 7536 17TH LANE N  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: 1V ( ) Delete  
Name: HOLT, LINDA  
Address: 4015 W VASCONIA ST  
City-St-Zip: TAMPA, FL 33629

Title: 2VP ( ) Delete  
Name: HART, MARY J  
Address: 4005 W SAN MIGUEL ST  
City-St-Zip: TAMPA, FL 33629

Title: T ( ) Delete  
Name: MYERS, HEIDI  
Address: 3302 EL PRADO BLVD  
City-St-Zip: TAMPA, FL 33629

Title: RS ( ) Delete  
Name: MONTGOMERY, MARSHA  
Address: 4814 EUCLID AVE  
City-St-Zip: TAMPA, FL 33629

Title: CS ( ) Delete  
Name: JURGENSON, PAULA  
Address: 3306 WALLCRAFT AVE  
City-St-Zip: TAMPA, FL 33611

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HOLT, LINDA  
Address: 4015 VASCONIA ST.  
City-St-Zip: TAMPA, FL 33629

Title: 1V (X) Change ( ) Addition  
Name: MOSGROVE, ELSIE  
Address: 7536 17TH LANE N  
City-St-Zip: ST. PETERSBURG, FL 33702

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

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

Title: RS (X) Change ( ) Addition  
Name: JURGENSON, PAULA  
Address: 3306 WALLCRAFT AVE  
City-St-Zip: TAMPA, FL 33611

Title: CS (X) Change ( ) Addition  
Name: NELSON, MARCIA  
Address: 4207 S, DALE MABRY #8110  
City-St-Zip: TAMPA, FL 33611

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: HEIDI MYERS

T

04/29/2009

Electronic Signature of Signing Officer or Director

Date