FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DO NOT WRITE IN THIS SPACE

DOCUMENT # **712984** **(4)**

1. Corporation Name
MORTON PLANT HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
% PRESIDENT 323 JEFFORDS ST.: P.O. BOX 210 CLEARWATER FL 34617	% PRESIDENT 323 JEFFORDS ST.: P.O. BOX 210 CLEARWATER FL 34617

3. Date Incorporated or Qualified: 06/23/1967
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-6211662 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) | Country (25) | Zip (29) | Country (30)

9. Name and Address of Current Registered Agent

GIBSON, CAROLYNNE
1380 MARJOHN AVE.
CLEARWATER FL 34616

10. Name and Address of New Registered Agent

81 Name: SANDY CHOCHOLA
82 Street Address (P.O. Box Number is Not Acceptable): 51 ISLAND WAY APT. #701
83
84 City: CLEARWATER FL 85 Zip Code: 34630

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Sandy Chochola DATE: 4/3/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	PD ☒ Change ☐ Addition
NAME	CHOCHOLA, SANDY	12 NAME	CHOCHOLA, SANDY
STREET ADDRESS	51 ISLAND WAY., APT. 701	13 STREET ADDRESS	51 ISLAND WAY APT. 701
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	CLEARWATER, FL 34630
TITLE	TD	21 TITLE	TD ☒ Change ☐ Addition
NAME	CURRY, EDNA	22 NAME	OFENLOCH, AUDRE
STREET ADDRESS	1500 HEATHER RIDGE BLVD APT. #110	23 STREET ADDRESS	315 SUNNY LANE
CITY-ST-ZIP	DUNEDIN FL 34698-4832	24 CITY-ST-ZIP	~~BELLEAIR, FL 34616~~
TITLE	PD	31 TITLE	VD ☒ Change ☐ Addition
NAME	GIBSON, CAROLYNNE	32 NAME	HENDERSON, MARTIE
STREET ADDRESS	1380 MARJOHN AVE.	33 STREET ADDRESS	1348 WHISPERING PINES DR.
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	CLEARWATER, FL 34624
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandy Chochola 4/3/95 (813) 461-8010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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