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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/23/1967

4. FEI Number

59-6211662

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

Sharon Glassburn

82 Street Address (P.O. Box Number Is Not Acceptable)

2101 Sunset Point Road #1101

83

84 City

Clearwater

FL

85 Zip Code

33765-1246

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Sharon D. Glassburn

(NOTE: Registered Agent signature required when reinstating)

DATE

5/27/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHOCHOLA, SANDY	
STREET ADDRESS	51 ISLAND WAY APT. 701	
CITY-ST-ZIP	CLEARWATER FL 34630	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	OFENLOCH, AUDRE	
STREET ADDRESS	915 SUNNY LANE	
CITY-ST-ZIP	BELLEAIR FL 34610	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GLASSBURN, SHARON	
STREET ADDRESS	1725 ROBINHOOD LANE	
CITY-ST-ZIP	CLEARWATER FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sharon Glassburn	
1.3 STREET ADDRESS	2101 Sunset Point Road #1101	
1.4 CITY-ST-ZIP	Clearwater, FL 33765-1246	

2.1 TITLE	Treasurer TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Beatrice Lodermeier	
2.3 STREET ADDRESS	1850 Stevenson Avenue	
2.4 CITY-ST-ZIP	Clearwater, FL 33755	

3.1 TITLE	Vice President VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Atala Purdy	
3.3 STREET ADDRESS	1832 Nursery Road	
3.4 CITY-ST-ZIP	Clearwater, FL 33764-2464	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

Sharon D. Glassburn, President

2/23/98 461-8062

CR2E037 (10/97)