03011999-90073-036-$61.25-$61.25

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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 712984

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 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/23/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6211662 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GLASSBURN, SHARON
2101 SUNSET POINT RD
SUITE 1101
CLEARWATER FL 33765

10. Name and Address of New Registered Agent

81 Name: Atala Purdy

82 Street Address (P.O. Box Number is Not Acceptable): 1832 Nursery Rd

83 Clearwater

84 City: FL 85 Zip Code: 33764-2464

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: Atala Purdy President — 28Jan99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LODEMEIER, BEATRICE		1.2 NAME	Atala Purdy	
STREET ADDRESS	1850 STEVENSON AVE		1.3 STREET ADDRESS	1832 Nursery Rd.	
CITY-ST-ZIP	CLEARWATER FL 33755		1.4 CITY-ST-ZIP	Clearwater, FL 33764-2464	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	PURDY, ATALA		2.2 NAME	William Clarke	
STREET ADDRESS	1832 NURSEY RD		2.3 STREET ADDRESS	2696 Beagle Path	
CITY-ST-ZIP	CLEARWATER FL 33764		2.4 CITY-ST-ZIP	Palm Harbour, FL 34683-6403	
TITLE	PD	☒ DELETE	3.1 TITLE	Treas.	☒ Change ☐ Addition
NAME	GLASSBURN, SHARON		3.2 NAME	Laverne Siple	
STREET ADDRESS	2101 SUNSET PT RD, #1101		3.3 STREET ADDRESS	3 Druid Pl.	
CITY-ST-ZIP	CLEARWATER FL 33765		3.4 CITY-ST-ZIP	Bellair, , FL 33756-1917	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Atala Purdy — 1-28-99 — 727-461-8062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #