

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712984

FILED
Jan 14, 2004
Secretary of State**Entity Name:** MORTON PLANT HOSPITAL AUXILIARY, INC.**Current Principal Place of Business:**300 PINELLAS ST
PO 210
CLEARWATER, FL 33757**New Principal Place of Business:**300 PINELLAS ST MS 16
CLEARWATER, FL 33757**Current Mailing Address:**300 PINELLAS ST
PO 210
CLEARWATER, FL 33757**New Mailing Address:**300 PINELLAS ST MS 16
CLEARWATER, FL 33757**FEI Number:** 59-6211662**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILLIAM, CLARKE W
2696 BEAGLE PATH
PALM HARBOR, FL 34683**Name and Address of New Registered Agent:**HENDERSON, MARTHA A
1348 WHISPERING PINES DRIVE
CLEARWATER, FL 33764

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: MARTHA A HENDERSON

01/14/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CLARKE, WILLIAM
Address: 51 ISLAND WAY NAPT 701
City-St-Zip: CLEARWATER, FL 33767

Title: T () Delete
Name: ATALA, PURDY
Address: 1832 NURSERY RD
City-St-Zip: CLEARWATER, FL 33764

Title: VPD () Delete
Name: CHOCHOLA, SANDRA
Address: 51 ISLAND WAY #701
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HENDERSON, MARTHA A
Address: 1348 WHISPERING PINES DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: TD (X) Change () Addition
Name: GUINAND, JOEL H
Address: 20 BAYWOOD COURT
City-St-Zip: PALM HARBOR, FL 34683

Title: SD (X) Change () Addition
Name: GENTRY, SHIRLEY
Address: 14255 ROSEMARY LANE #8311
City-St-Zip: LARGO, FL 33774

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARTHA A HENSEN SON

PD

01/14/2004

Electronic Signature of Signing Officer or Director

Date