

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90056 006 ****61.25

DOCUMENT # 712984 1. Entity Name MORTON PLANT HOSPITAL AUXILIARY, INC.					
Principal Place of Business 300 PINELLAS ST MS 16 CLEARWATER, FL 33756 US			Mailing Address 300 PINELLAS ST MS 16 CLEARWATER, FL 33756 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-6211662	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HENDERSON, MARTHA A 1348 WHISPERING PINES DRIVE CLEARWATER, FL 33764			7. Name and Address of New Registered Agent Name John H. Bower Street Address (P.O. Box Number is Not Acceptable) 2037 harchmont way City Clearwater FL Zip Code 33764		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE John H. Bower, President <i>[Signature]</i> 1/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fees \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME HENDERSON, MARTHA A STREET ADDRESS 1348 WHISPERING PINES DRIVE CITY-ST-ZIP CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Delete		TITLE P/D NAME John H. Bower STREET ADDRESS 2037 harchmont way CITY-ST-ZIP Clearwater FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME GUINAND, JOEL H STREET ADDRESS 20 BAYWOOD COURT CITY-ST-ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME GENTRY, SHIRLEY STREET ADDRESS 14255 ROSEMARY LANE #8311 CITY-ST-ZIP LARGO, FL 33774	<input type="checkbox"/> Delete		TITLE V/D NAME STREET ADDRESS CITY-ST-ZIP 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE S/D NAME Janet Ferguson STREET ADDRESS 240 Sand Key Estates Dr #26 CITY-ST-ZIP Clearwater FL 33767	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: John H. Bower, President <i>[Signature]</i> 1/27/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					