

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712984

FILED
Jan 19, 2009
Secretary of State

Entity Name: MORTON PLANT HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

300 PINELLAS ST MS 16
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

300 PINELLAS ST MS 16
CLEARWATER, FL 33756 US

New Mailing Address:

300 PINELLAS ST MS 16
CLEARWATER, FL 33756 US

FEI Number: 59-6211662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWEN, JOHN H
MORTON PLANT HOSP. AUXILIARY
300 PINELLAS ST. MS-16
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

KEVLIN, ROSS P
MORTON PLANT HOSP. AUXILIARY
300 PINELLAS ST. MS-16
CLEARWATER, FL 33756 US

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: ROSS KEVLIN

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOWER, JOHN
Address: 2037 LARCHMONT WAY
City-St-Zip: CLEARWATER, FL 33764 US

Title: VD () Delete
Name: GUINAND, JOEL H
Address: 20 BAYWOOD COURT
City-St-Zip: PALM HARBOR, FL 34683 US

Title: SD () Delete
Name: FERGUSON, JANET
Address: 240 SAND KEY ESTATES DR. #26
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: TD () Delete
Name: SNYDER, WILLIAM
Address: 1600 HARDWOOD DR
City-St-Zip: CLEARWATER, FL 33756

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FAZIO, CHARLES
Address: 240 SAND KEY ESTATES DR #64
City-St-Zip: CLEARWATER, FL 33767 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: DON DIEGO, BONNIE
Address: 240 SAND KEY ESTATES DR. #26
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VD (X) Change () Addition
Name: SNYDER, WILLIAM
Address: 1600 HARDWOOD DR
City-St-Zip: CLEARWATER, FL 33756

Title: TD () Change (X) Addition
Name: BOWER, JOHN H
Address: 2037 LARCHMONT WAY
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHARLES FAZIO

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date