2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2010
Secretary of State

DOCUMENT# 712984

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:

FEI Number: 59-6211662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: THIREY, MARK
Address: 501 S. FT. HARRISON, SUITE 103
City-St-Zip: CLEARWATER, FL 33756 US

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

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

Title: VD
Name: GARCIA, FRANK
Address: 1359 WHISPERING PINES DR
City-St-Zip: CLEARWATER, FL 33764 US

Title: TD
Name: NELSON, CAROL
Address: 2138 OAK GROVE DR
City-St-Zip: CLEARWATER, FL 33764

I hereby 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 all other like empowered.

SIGNATURE: JOEL QUINAND VP 02/15/2010
Electronic Signature of Signing Officer or Director Date