

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712984

**FILED**  
**Feb 22, 2011**  
**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:**

**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. AUXILIARY  
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:** DURKIN, WARREN  
**Address:** 830 GULFVIEW BL #101  
**City-St-Zip:** CLEARWATER, FL 33767 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 GUINAND

VD

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date