

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moroyag
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -3 PM 6:10

DOCUMENT # 714625 (1)

1. Corporation Name

PRINCETON HOSPITAL AUXILIARY, INC.

Principal Place of Business

Mailing Address

1800 MERCY DR.
ORLANDO FL 32808

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ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/21/1968** 3a. Date of Last Report **02/08/1994**

4. FEI Number **71-4625581** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**NEWTON, HELEN M
4696 NORTH LANE
ORLANDO 32808**

10. Name and Address of New Registered Agent

81 Name **Ellis, Ruth**
82 Street Address (P.O. Box Number is Not Acceptable) **905 Emerald Dr.**
83
84 City **Orlando** FL 85 Zip Code **32808**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Ruth D. Ellis Ruth D. Ellis 2/13/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	NEWTON, HELEN M
STREET ADDRESS	4696 NORTH LANE
CITY - ST - ZIP	ORLANDO FL
TITLE	TD
NAME	PARKER, EDNA
STREET ADDRESS	7121 ALMENA ST
CITY - ST - ZIP	ORLANDO FL
TITLE	SD
NAME	WALLACE, RUTH
STREET ADDRESS	1700 GURTLER CT. #4
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ellis, Ruth
1.3 STREET ADDRESS	905 Emerald Dr
1.4 CITY - ST - ZIP	Orlando, FL 32808
2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Newton, Helen M.
2.3 STREET ADDRESS	4696 North Lane
2.4 CITY - ST - ZIP	Orlando, FL 32808
3.1 TITLE	Recording Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Chusteen Mae
3.3 STREET ADDRESS	5812 Gamble Dr
3.4 CITY - ST - ZIP	Orlando, FL 32808
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruth D. Ellis Ruth D. Ellis 2/13/95 295-6537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Mailing Name)