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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 714625 (1)

1. Corporation Name
PRINCETON HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
1800 MERCY DR. ORLANDO FL 32808	1800 MERCY DR. ORLANDO FL 32808

3. Date Incorporated or Qualified: 05/21/1968

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No N/A

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DALESSANDRO, GLORIA
6592 RAIM COURT
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name: RICHARD S. HARTMAN
82 Street Address (P.O. Box Number is Not Acceptable): 8334 WILLOWWOOD ST
83
84 City: ORLANDO FL 85 Zip Code: 32818

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] 1/21/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DALESSANDRO, GLORIA		1.2 NAME	HARTMAN, RICHARD S.	
STREET ADDRESS	6592 RAIM COURT		1.3 STREET ADDRESS	8334 WILLOWWOOD ST.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	TD	☒ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	NEWTON, HELEN M		2.2 NAME	ALBARUS, IVY	
STREET ADDRESS	4696 NORTH LANE		2.3 STREET ADDRESS	1118 NORTH JOHN ST	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	SD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	CHASTEEN, MAE		3.2 NAME	CHASTEEN, MAE	
STREET ADDRESS	5812 GAMBLE DRIVE		3.3 STREET ADDRESS	5812 GAMBLE DR	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 1/21/98