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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **715328** **(1)**

1. Corporation Name

ST. JOSEPH'S HOSPITAL AUXILIARY, INCORPORATED

Principal Place of Business	Mailing Address
3001 WEST M L K BLVD TAMPA FL 33607	3001 WEST M L K BLVD TAMPA FL 33607

3. Date Incorporated or Qualified: 09/27/1968
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): Attn: Legal Services Dept. City & State (28): Zip (29) Country (30)

4. FEI Number: 59-2131207 ☐ 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

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

9. Name and Address of Current Registered Agent

KNAPP, JILL
3003 W. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: Mallah, Isaac
82 Street Address (P.O. Box Number is Not Acceptable): 3003 W. Dr. M.L.K., Jr., Blvd.
83
84 City: Tampa, FL 85 Zip Code: 33607

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: Isaac Mallah
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	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PEGGY PECK		1.2 NAME	
STREET ADDRESS	4414 ROCKCREST CIR		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DOROTHY DELISLE		2.2 NAME	
STREET ADDRESS	18922 CRESCENT RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	ODESSA FL 33556		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NORMA RETH		3.2 NAME	
STREET ADDRESS	6707 WEBB RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CLAIRE GARCIA		4.2 NAME	
STREET ADDRESS	6322 MOSSWOOD CIR		4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL 33584		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RUTH TEUFEL		5.2 NAME	
STREET ADDRESS	11515 FOREST HILLS DR		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612		5.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SNYDEMAN, S.A.		6.2 NAME	
STREET ADDRESS	416 HAYES RD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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: Isaac Mallah
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #