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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **715328**

1. Corporation Name

ST. JOSEPH'S HOSPITAL AUXILIARY, INCORPORATED

Principal Place of Business	Mailing Address
3001 WEST M L K BLVD TAMPA FL 33607	ATTN: LEGAL SERVICES DEPT TAMPA FL 33607 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/27/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2131207 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MALLAH, ISAAC
3003 W. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	[illegible]	☐ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	[illegible]		1.2 NAME	PECK, PEGGY	
STREET ADDRESS	[illegible]		1.3 STREET ADDRESS	4414 ROCKCREST CIR.	
CITY-ST-ZIP	[illegible]		1.4 CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	[illegible]	☐ DELETE	2.1 TITLE	DV	☐ Change ☒ Addition
NAME	[illegible]		2.2 NAME	EDWARDS, JANE	
STREET ADDRESS	[illegible]		2.3 STREET ADDRESS	12207 GLEN CLIFF CIR.	
CITY-ST-ZIP	[illegible]		2.4 CITY-ST-ZIP	TAMPA, FL 33626	
TITLE	[illegible]	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	[illegible]		3.2 NAME	KING, BEVERLY	
STREET ADDRESS	[illegible]		3.3 STREET ADDRESS	6704 RANGER DR.	
CITY-ST-ZIP	[illegible]		3.4 CITY-ST-ZIP	TAMPA, FL 33615	
TITLE	[illegible]	☐ DELETE	4.1 TITLE	DS	☒ Change ☐ Addition
NAME	[illegible]		4.2 NAME	FOLLMAR, EVELYN	
STREET ADDRESS	[illegible]		4.3 STREET ADDRESS	5407 N. SUWANEE AVE.	
CITY-ST-ZIP	[illegible]		4.4 CITY-ST-ZIP	TAMPA, FL 33604	
TITLE	[illegible]	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	[illegible]		5.2 NAME	SCHWARTZ, GLADYS	
STREET ADDRESS	[illegible]		5.3 STREET ADDRESS	4141 BAYSHORE BLVD. #601	
CITY-ST-ZIP	[illegible]		5.4 CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	[illegible]	☐ DELETE	6.1 TITLE	DT	☒ Change ☐ Addition
NAME	[illegible]		6.2 NAME	SNYDEMAN, S. A.	
STREET ADDRESS	[illegible]		6.3 STREET ADDRESS	416 HAYES ROAD	
CITY-ST-ZIP	[illegible]		6.4 CITY-ST-ZIP	LUTZ, FL 33549	

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, with all other like empowered.

SIGNATURE: [illegible] **SIGNATURE REQUIRED** April 5, 1999 813-870-4188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)