


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90019 048 ****61.25

DOCUMENT # 715328 1. Entity Name ST. JOSEPH'S HOSPITAL AUXILIARY, INCORPORATED					
Principal Place of Business 3001 WEST M L K BLVD TAMPA, FL 33607			Mailing Address ATTN: ISAAC MALLAH 3001 W. DR. MLD BLVD TAMPA, FL 33607 US.		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MALLAH, ISAAC 3001 W. DR. MARTIN LUTHER KING JR. BLVD. TAMPA, FL 33607				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
<small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, NANCY		NAME		
STREET ADDRESS	3001 W DR MARTIN LUTHER KING JR BLVD		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG, MARY		NAME		
STREET ADDRESS	3001 W. DR. MARTIN LUTHER KING JR. BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACKBURN, TOM		NAME		
STREET ADDRESS	3001 W. DR. MARTIN LUTHER KING JR. BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ECHOLS, EMILY		NAME		
STREET ADDRESS	3001 W. DR. MARTIN LUTHER KING JR. BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	PE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHELTON, BONNIE		NAME		
STREET ADDRESS	3001 W. DR. MARTIN LUTHER KING JR. BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE	PE <input type="checkbox"/> Delete		TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LONG, ROBERT		NAME		
STREET ADDRESS	3001 W. DR. MARTIN LUTHER KING JR. BLVD.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			4/23/08 (813) 870-4020 <small>Date Daytime Phone</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40102203



04152008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2131207 Applied For Not Applicable

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

ATTACHMENT

40102203

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ST. JOSEPH'S HOSPITAL AUXILIARY, INCORPORATED
2008 UNIFORM BUSINESS REPORT
ADDITIONAL OFFICERS/DIRECTORS

(Recording Secretary)

Cammack, Linda

3001 W. Dr. Martin Luther King Jr. Blvd.

Tampa, FL 33607

(Parliamentarian)

Wooldridge, Mary

3001 W. Dr. Martin Luther King Jr. Blvd.

Tampa, FL 33607