

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715328

FILED
Apr 18, 2012
Secretary of State

Entity Name: ST. JOSEPH'S HOSPITAL AUXILIARY, INCORPORATED

Current Principal Place of Business:

3001 WEST M L K BLVD
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

ATTN: ISAAC MALLAH
3001 W. DR. MLD BLVD
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-2131207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLAH, ISAAC
3001 W. DR. MARTIN LUTHER KING JR. BLVD.
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PE
Name: CUSMANO, MARIE
Address: 3001 W DR MARTIN LUTHER KING JR BLVD
City-St-Zip: TAMPA, FL 33607

Title: P
Name: BOWERS, MARY
Address: 3001 W. DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607

Title: VP
Name: HILLS, MARY
Address: 3001 W. DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607

Title: T
Name: LONG, ROBERT
Address: 3001 W. DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607

Title: VP
Name: STRUBLE, DEBBIE
Address: 3001 W. DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607

Title: T
Name: VAN ORDEN, OLGA
Address: 3001 W. DR. MARTIN LUTHER KING JR. BLVD.
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CATHY YODER

CFO

04/18/2012

Electronic Signature of Signing Officer or Director

Date