

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 716141 (7)
1. Corporation Name
UNIVERSITY COMMUNITY HOSPITAL AUXILIARY, INC.



Principal Place of Business Mailing Address
3100 E. FLETCHER AVENUE 3100 E. FLETCHER AVENUE
TAMPA FL 33613-4613 TAMPA FL 33613-4613

2. Principal Place of Business 2a. Mailing Address
21 3100 E. Fletcher Avenue 26 Same
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Tampa, FL. 28 Same
Zip Country Zip Country
24 33613-4613 25 Hillsborough 29 Same 30

3. Date Incorporated or Qualified 3a. Date of Last Report
03/03/1969 02/09/1995
4. FEI Number Applied For
23-7011345 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
GEILBERT, LEONARD H.
ONE HARBOUR PLACE
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name Same
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HENDRICKS, JACK	
STREET ADDRESS	404 FOREST PARK AVENUE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	FO	<input type="checkbox"/> DELETE
NAME	RICHARDSON, JANE W.	
STREET ADDRESS	12401 N. 22ND ST., #C605	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MINER, DOROTHY	
STREET ADDRESS	13556 LAKE MAGDALENE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	FVPD	<input type="checkbox"/> DELETE
NAME	MACOMB, IRENE	
STREET ADDRESS	4913 E. LIBERTY ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCCARTHY, CAROLYN	
STREET ADDRESS	15410 LAKESHORE VILLA LANE, BOX 215	
CITY-ST-ZIP	TAMPA FL	
TITLE	Ruth Jandreau	<input type="checkbox"/> DELETE
NAME	9937 Joe Ebert Rd.	
STREET ADDRESS	Seffner, FL. 33584	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	President Elect <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Irene Macomb 4-26-96 813-989-1788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)