

FILE NOW: FILING FEE IS \$61.25

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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716141 (7)
1. Corporation Name
UNIVERSITY COMMUNITY HOSPITAL AUXILIARY, INC.



Principal Place of Business 3100 E. FLETCHER AVENUE TAMPA FL 33613-4613	Mailing Address 3100 E. FLETCHER AVENUE TAMPA FL 33613-4613
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3. Date Incorporated or Qualified 03/03/1969	3a. Date of Last Report 05/22/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 23-7011345	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GEILBERT, LEONARD H.
ONE HARBOUR PLACE
TAMPA FL 33602**

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 _____
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 D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RICHARDSON, JANE W.		1.2 NAME Edna C. Hubbell	
STREET ADDRESS 12401 N. 22ND ST., #C605		1.3 STREET ADDRESS 13637 Twin Lakes Lane	
CITY-ST-ZIP TAMPA FL		1.4 CITY-ST-ZIP Tampa, FL. 33624	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MINER, DOROTHY		2.2 NAME Yvonne L. Glover	
STREET ADDRESS 13556 LAKE MAGDALENE DR.		2.3 STREET ADDRESS 8507 N. Rome Ave.	
CITY-ST-ZIP TAMPA FL		2.4 CITY-ST-ZIP Tampa, FL. 33604	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACOMB, IRENE		3.2 NAME Irene Macomb	
STREET ADDRESS 4913 E. LIBERTY ST		3.3 STREET ADDRESS 6405 Laurelwood Drive	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP Zephyrhills, FL. 33541	
TITLE S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCCARTHY, CAROLYN		4.2 NAME Jack Cohee	
STREET ADDRESS 15410 LAKESHORE VILLA LANE, BOX 215		4.3 STREET ADDRESS P.O. Box 16903	
CITY-ST-ZIP TAMPA FL		4.4 CITY-ST-ZIP Tampa, FL 33687-6903	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JANDREAU, RUTH		5.2 NAME Ruth Jandreau	
STREET ADDRESS 9937 JOE EBERT RD.		5.3 STREET ADDRESS 9937 Joe Ebert Road	
CITY-ST-ZIP SEFFNER FL 33584		5.4 CITY-ST-ZIP Seffner, FL. 33584	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:  **Irene Macomb**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00480091

CR2E037 (9/96)