


FILE NOW: FILING FEE IS \$61.25

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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90011 038 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 716141

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1969	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 23-7011345	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip Country		29 Zip Country		30 Zip Country	
25		29		30	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, CAROLYN S	1.2 NAME	MCCARTHY, CAROLYN S.
STREET ADDRESS	BOX 215	1.3 STREET ADDRESS	BOX 215
CITY-ST-ZIP	TAMPA FL 33613	1.4 CITY-ST-ZIP	TAMPA, FL 33613
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, ELIZABETH D	2.2 NAME	
STREET ADDRESS	6016-G LAKETREE LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	2.4 CITY-ST-ZIP	
TITLE	FOD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, RODNEY	3.2 NAME	WALTERS, RODNEY
STREET ADDRESS	9304 PEBBLE CREEK	3.3 STREET ADDRESS	9304 PEBBLE CREEK
CITY-ST-ZIP	TAMPA FL 33647	3.4 CITY-ST-ZIP	TAMPA, FL 33647
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, VIVIAN	4.2 NAME	
STREET ADDRESS	406 BRORBURN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA TERRACE FL 33617	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANDREAU, RUTH	5.2 NAME	
STREET ADDRESS	9937 JOE EBERT RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	5.4 CITY-ST-ZIP	
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 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:

Helene TUGER 1/25/99 813 972-7286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)