

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716141

FILED
Jul 05, 2006
Secretary of State

Entity Name: UNIVERSITY COMMUNITY HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

3100 E. FLETCHER AVENUE
TAMPA, FL 336134613

New Principal Place of Business:

Current Mailing Address:

3100 E. FLETCHER AVENUE
TAMPA, FL 336134613

New Mailing Address:

FEI Number: 23-7011345 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VALDES, EUNICE
13620 LAKE MAGDALANE BLVD #103
TAMPA, FL 33618 US

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: T () Delete
Name: HUDSON, LINDA
Address: 11945 N RIVERHILLS DR
City-St-Zip: TAMPA, FL 33617

Title: P () Delete
Name: VALDES, EUNICE
Address: 13620 LAKE MACDALENE BLVD #103
City-St-Zip: TAMPA, FL 33612

Title: RS () Delete
Name: VERLIN, GAIL
Address: 504 MONTROSE AVE
City-St-Zip: TAMPA, FL 33617

Title: VP () Delete
Name: CLITES, BARBARA
Address: 22254 YACHTCLUB TERRACE
City-St-Zip: LAND O LAKES, FL 34639

Title: P () Delete
Name: ERICKSON, MURIEL
Address: 13514 SHADY SHORES DRIVE
City-St-Zip: TAMPA, FL 33613

Title: AT () Delete
Name: JANDREAU, RUTH
Address: 9937 JOE EBERT ROAD
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EUNICE VALDES

P

07/05/2006

Electronic Signature of Signing Officer or Director

Date