

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716141

FILED  
Feb 15, 2011  
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 ( )

**Name and Address of Current Registered Agent:**

HUNTER, BRENDA  
1109 NORTH RIVERHILLS DR  
TEMPLE TERRACE, FL 33613 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: PRES  
Name: TEDROW, JANET  
Address: 1707 MILL RUN CIRCLE  
City-St-Zip: TAMPA, FL 33613

Title: VP  
Name: STEINBRICK, HELENE  
Address: 1805 CITRUS ORCHID WAY  
City-St-Zip: VALRICO, FL 33594

Title: SECR  
Name: REDER, NANCY  
Address: PO BOX 271341  
City-St-Zip: TAMPA, FL 33688

Title: AT  
Name: DRISCOLL, CATHERINE  
Address: 12116 NORTH 52ND ST  
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: T  
Name: HUNTER, BRENDA  
Address: 1109 NORTH RIVERHILLS DR  
City-St-Zip: TEMPLE TERRACE, FL 33617

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: BRENDA HUNTER

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02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date