

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90100 037 *****70.00

DOCUMENT # 717016

1. Entity Name

**AUXILIARY OF ST. PETERSBURG GENERAL HOSPITAL,
INC.**



Principal Place of Business

6500 38TH AVE. NO.
ST. PETERSBURG FL 33710

Mailing Address

6500 38TH AVE. NO.
ST. PETERSBURG FL 33710

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCLUADE, CAROL
1926 NORFOLK STREET NORTH
SAINT PETERSBURG FL 33710**

Name

Lupton, Michele

Street Address (P.O. Box Number is Not Acceptable)

2001 83rd Ave N #1111

St. Petersburg

City

FL

Zip Code
33702

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michele Lupton *P&T*

Michele Lupton

1-30-2007

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **LUPTON, MICHELE**
STREET ADDRESS **2001 83RD AVE NORTH #1111**
CITY-STATE-ZIP **SAINT PETERSBURG FL 33702**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **S** ☐ Delete
NAME **BOUCHER, IRENE**
STREET ADDRESS **5041 82ND AVE NORTH # 208**
CITY-STATE-ZIP **PINELLAS PARK FL 33781**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☐ Delete
NAME **GABY, SSIMA**
STREET ADDRESS **8011 26 OWEN**
CITY-STATE-ZIP **SAINT PETERSBURG FL 33710**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **T** ☒ Delete
NAME **MCQUADE, CAROL**
STREET ADDRESS **1926 NORFOLK STREET NORTH**
CITY-STATE-ZIP **SAINT PETERSBURG FL 33710**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VP** ☐ Delete
NAME **NAGLE, RIC**
STREET ADDRESS **9200 PARK BLVD # 206**
CITY-STATE-ZIP **SAINT PETERSBURG FL 33709**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **VP** ☐ Delete
NAME **DUMONT, MARI JEAN**
STREET ADDRESS **6400 46TH AVE NORTH #61**
CITY-STATE-ZIP **KENNETH CITY FL 33709**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michele Lupton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-2007

Date

727-576-4131

Daytime Phone #