

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY - 1 PM 12: 59

DOCUMENT # 721726 (8)

1. Corporation Name

AUXILIARY GIFT SHOP, INC. OF NORTH BAY MEDICAL CENTER

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6600 MADISON AVENUE NEW PORT RICHEY FL 34652-1971	6600 MADISON AVENUE NEW PORT RICHEY FL 34652-1971

3. Date Incorporated or Qualified 09/20/1971	3a. Date of Last Report 02/01/1994
4. FEI Number 59-2344159	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$9.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	29
25	30

9. Name and Address of Current Registered Agent

**LAUTH, EVA C
7741 TROPICANA DR.
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name
Josphine Youngclaus

82 Street Address (P.O. Box Number is Not Acceptable)
7325 Montego Ave.

83
New Port Richey, Fl.

84 City

85 Zip Code
FL 34653

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0509, Florida Statutes.

SIGNATURE: *Josphine E. Youngclaus* DATE: **4/1/95**

(Signature, typewritten printed name of registered agent and this acceptance) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRODERICK, PHYLLIS
STREET ADDRESS	8009 FOX HOLLOW DR
CITY - ST - ZIP	PORT RICHEY FL 34668
TITLE	T
NAME	ADAMO, ROSIE
STREET ADDRESS	9438 GLEN MOOR LANE
CITY - ST - ZIP	PORT RICHEY FL 34668
TITLE	DVP
NAME	LEHMANN, ELEANOR
STREET ADDRESS	4301 PLAZA DR., E-308
CITY - ST - ZIP	HOLIDAY FL 34691
TITLE	S
NAME	DAVIDSON, MARIE
STREET ADDRESS	7315 BENT OAK DRIVE
CITY - ST - ZIP	PORT RICHEY FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BRODERICK, PHYLLIS	
13 STREET ADDRESS	8009 FOX HOLLOW DR	
14 CITY - ST - ZIP	PORT RICHEY, FL 34668	
21 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Hokanson, Nancy	
23 STREET ADDRESS	4307 Tiburon Drive	
24 CITY - ST - ZIP	New Port Richey, Fl. 34655	
31 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Moreau, June	
33 STREET ADDRESS	9917 Lopez	
34 CITY - ST - ZIP	New Port Richey, Fl. 34655	
41 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DAVIDSON, MARIE	
43 STREET ADDRESS	7315 BENT OAK DRIVE	
44 CITY - ST - ZIP	PORT RICHEY, FL 34668	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Phyllis P. Broderick* DATE: **3/5/95** **213-813-2295**

(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)