

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 721726 (8)**

1. Corporation Name

**AUXILIARY GIFT SHOP, INC. OF NORTH BAY MEDICAL C  
ENTER**



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

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2344159**

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**YOUNGCLAUS, JOSPHINE  
7325 MONTEGO AVE  
NEW PORT RICHEY FL 34653**

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD  
BRODERICK, PHYLLIS**  
STREET ADDRESS **8009 FOX HOLLOW DR**  
CITY - ST - ZIP **PORT RICHEY FL 34668**

TITLE ☐ DELETE

NAME **T  
HOKANSON, NANCY**  
STREET ADDRESS **4307 TIBURON DRIVE**  
CITY - ST - ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **DVP  
MOREAU, JUNE**  
STREET ADDRESS **9917 LOPEX**  
CITY - ST - ZIP **NEW PORT RICHEY FL**

TITLE ☐ DELETE

NAME **S  
DAVIDSON, MARIE**  
STREET ADDRESS **7315 BENT OAK DRIVE**  
CITY - ST - ZIP **PORT RICHEY FL 34668**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Nancy Hokanson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Hokanson**

**2/24/96**

Date

**813-376-5162**

Daytime Phone #

CR2E037 (12/95)