


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90096 002 ****61.25

0071285

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 721726

1. Corporation Name

AUXILIARY GIFT SHOP, INC. OF NORTH BAY MEDICAL CENTER

96244 - 90096 - 2

Principal Place of Business

6600 MADISON AVENUE
 NEW PORT RICHEY FL 34652-1971

Mailing Address

6600 MADISON AVENUE
 NEW PORT RICHEY FL 34652-1971



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

09/20/1971

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2344159

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

24

25

29

30

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

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

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME MOREAU, JUNE
 1.3 STREET ADDRESS 9917 LOPEZ
 1.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE T ☐ DELETE

NAME WRIGHT, JOAN
 STREET ADDRESS P O BOX 1516 N/A
 CITY-ST-ZIP NEW PORT RICHEY FL

2.1 TITLE T ☒ Change ☐ Addition

2.2 NAME ~~PHYLLIS BRODERICK~~
 2.3 STREET ADDRESS 8009 FOX HOLLOW DR.
 2.4 CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE DVP ☐ DELETE

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

3.1 TITLE VP ☐ Change ☒ Addition

3.2 NAME MORGAN, JULIE
 3.3 STREET ADDRESS 6441 SENTRY WAY
 3.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE S ☐ DELETE

NAME BURGART, DOROTHY
 STREET ADDRESS 5852 SEA FOREST DR APT#518
 CITY-ST-ZIP NEW PORT RICHEY FL 34652

4.1 TITLE S ☐ Change ☒ Addition

4.2 NAME BLACK, GLORIA
 4.3 STREET ADDRESS 2506 LAKE HAVEN DR.
 4.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

June S Morgan 1-7-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)