

FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

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

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 09/20/1971 4. FEI Number 59-2344159 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 30
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9. Name and Address of Current Registered Agent YOUNGCLAUS, JOSPHINE 7325 MONTEGO AVE NEW PORT RICHEY FL 34653	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BRODERICK, PHYLLIS 8009 FOX HOLLOW DR PORT RICHEY FL 34668	1.1 TITLE	PD MORGAN, JUNE 9917 LOPEZ NEW PORT RICHEY, FL 34655
	<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T WRIGHT, JOAN P O BOX 1516 N/A NEW PORT RICHEY FL	2.1 TITLE	T PHYLLIS BRODERICK 8009 FOX HOLLOW DR PORT RICHEY, FL 34668
	<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DVP MOREAU, JUNE 9917 LOPEX NEW PORT RICHEY FL	3.1 TITLE	V P MORGAN, JULIE 6441 SENTRY WAY NEW PORT RICHEY, FL 34653
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S BURGART, DOROTHY 5852 SEA FOREST DR APT#518 NEW PORT RICHEY FL 34652	4.1 TITLE	S BLACK, GLORIA 2506 LAKE HAVEN DR. NEW PORT RICHEY, FL 34655
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		5.1 TITLE	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)