

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 734314

1. Entity Name
WOMEN'S HOSPITAL AUXILIARY, INC.



Principal Place of Business
3030 W DR MLK JR BLVD
TAMPA, FL 33607 US

Mailing Address
3001 W DR MLK BLVD
TAMPA, FL 33607 US



01202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0185556

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARSON, SANDRA L
4213 HARTWOOD LANE
TAMPA, FL 33624

**DO NOT WRITE
IN THIS SPACE**

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: Sandra L. Carson SANDRA L. CARSON DATE: 1-20-04
(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LINKOUS, CAROLYN
STREET ADDRESS	9305 ROBERTS ROAD
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	FVPD
NAME	SEEGERS, ANNE MARIE
STREET ADDRESS	2711 W. HUMPHREY ST.
CITY-ST-ZIP	TAMPA, FL 336141826
TITLE	SVP
NAME	SERDY, JEAN
STREET ADDRESS	14123 CYPRESS RUN
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	CSD
NAME	JOAN, SHANNON
STREET ADDRESS	14601 BRENTWOOD PLACE
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	TD
NAME	COBB, VIRGINIA A
STREET ADDRESS	13931 CLUBHOUSE CIR
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	ATD
NAME	NORRIS, LOUISE
STREET ADDRESS	8307 N FREMONT AVE.
CITY-ST-ZIP	TAMPA, FL 33604

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01/26/04-80016-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Virginia A Cobb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1/20/04 DAYTIME PHONE: 813-872-3990