


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90017 033 \*\*\*\*61.25

<b>DOCUMENT # 734314</b>		
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
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**50001023**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number 51-0185556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CARSON, SANDRA L 4213 HARTWOOD LANE TAMPA, FL 33624		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 **January 5, 2005**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINKOUS, CAROLYN			NAME	Seegers, Anne Marie		
STREET ADDRESS	9305 ROBERTS ROAD			STREET ADDRESS	2711 W. Humphrey St.		
CITY-ST-ZIP	ODESSA, FL 33556			CITY-ST-ZIP	Tampa, FL 33614-1826		
TITLE	FVPD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SEEGERS, ANNE MARIE			NAME	Hires, Jeanelle		
STREET ADDRESS	2711 W. HUMPHREY ST.			STREET ADDRESS	6004 River Terrace		
CITY-ST-ZIP	TAMPA, FL 336141826			CITY-ST-ZIP	Tampa, FL 33604		
TITLE	SVP	<input checked="" type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SERDY, JEAN			NAME	Shannon, Joan		
STREET ADDRESS	14123 CYPRESS RUN			STREET ADDRESS	5401 BRITWELL CT.		
CITY-ST-ZIP	TAMPA, FL 33624			CITY-ST-ZIP	TAMPA, FL 33624		
TITLE	CSD	<input checked="" type="checkbox"/> Delete		TITLE	RSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JOAN, SHANNON			NAME	YGLESIAS, MARY		
STREET ADDRESS	14601 BRENTWOOD PLACE			STREET ADDRESS	23768 OAKSIDE BLVD., LUTZ, FL 33559		
CITY-ST-ZIP	TAMPA, FL 33624			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	CSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COBB, VIRGINIA A			NAME	RONK, HEATHER		
STREET ADDRESS	13931 CLUBHOUSE CIR			STREET ADDRESS	4521 GRAINARY AVE.		
CITY-ST-ZIP	TAMPA, FL 33624			CITY-ST-ZIP	TAMPA, FL 33624		
TITLE	ATD	<input checked="" type="checkbox"/> Delete		TITLE	BKKPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORRIS, LOUISE			NAME	NORRIS, LOUISE		
STREET ADDRESS	8307 N FREMONT AVE.			STREET ADDRESS	11511 CASEY RD., TAMPA, FL 33618		
CITY-ST-ZIP	TAMPA, FL 33604			CITY-ST-ZIP			

12. 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 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 **1/5/05** **813-872-3990**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Virginia A. Cobb**