

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734314

FILED
Jan 17, 2006
Secretary of State

Entity Name: WOMEN'S HOSPITAL AUXILIARY, INC.

Current Principal Place of Business:

3030 W DR MLK JR BLVD
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

3001 W DR MLK BLVD
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 51-0185556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARSON, SANDRA L
4213 HARTWOOD LANE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

CARSON, SANDRA L
4213 HARTWOOD LANE
TAMPA, FL 33618 US

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.

SIGNATURE:

01/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PED () Delete
Name: HIRS, JEANNELLE
Address: 6004 RIVER TERRACE
City-St-Zip: TAMPA, FL 33604

Title: PD () Delete
Name: SEEGER, ANNE MARIE
Address: 2711 W. HUMPHREY ST.
City-St-Zip: TAMPA, FL 336141826

Title: RSD () Delete
Name: YGLESIAS, MARY
Address: 23768 OAKSIDE BLVD
City-St-Zip: LUTZ, FL 33559

Title: VD (X) Delete
Name: JOAN, SHANNON
Address: 5401 BRITWELL CT
City-St-Zip: TAMPA, FL 33624

Title: TD () Delete
Name: COBB, VIRGINIA A
Address: 13931 CLUBHOUSE CIR
City-St-Zip: TAMPA, FL 33624

Title: BKKP () Delete
Name: NORRIS, LOUISE
Address: 11511 CASEY RD
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PED (X) Change () Addition
Name: HIRS, JEANNELLE
Address: 6004 RIVER TERRACE
City-St-Zip: TAMPA, FL 33604

Title: PD (X) Change () Addition
Name: SEEGER, ANNE MARIE
Address: 12130 BISHOPS FORD DR
City-St-Zip: TAMPA, FL 33626

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA A. COBB

TD

01/17/2006

Electronic Signature of Signing Officer or Director

Date