

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90016 004 ****70.00

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02082005 Chg-NP CR2E037 (10/03)

DOCUMENT # 739150 1. Entity Name BRANDON HOSPITAL AUXILIARY, INC.					
Principal Place of Business 119 OAKFIELD DRIVE BRANDON, FL 33511			Mailing Address 119 OAKFIELD DRIVE BRANDON, FL 33511		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1745948	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCKELL, DEBRA (HOSPITAL LIAISON) 119 OAKFIELD DRIVE BRANDON, FL 33511			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u>Mckell, Debra</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$61.25 Due by May 1, 2005		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P- <input checked="" type="checkbox"/> Delete	TITLE	P- <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DIETRICH, ALVEDA	NAME	NOVAK, LEE		
STREET ADDRESS	3731 MURRAY DRIVE	STREET ADDRESS	1334 BIG PINE DRIVE		
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	VALRICO, FL 33594		
TITLE	V- <input checked="" type="checkbox"/> Delete	TITLE	V- <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KANSMAN, ONEDA	NAME	COLLINS, VANCHA		
STREET ADDRESS	1939 AMBERWOOD DR.	STREET ADDRESS	3501 CASE JONES DRIVE		
CITY-ST-ZIP	RIVERVIEW, FL 33569	CITY-ST-ZIP	VALRICO, FL 33594		
TITLE	V- <input checked="" type="checkbox"/> Delete	TITLE	HARMISON, Yvonne <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, DELORIS	NAME	12507 Lakeshore Drive		
STREET ADDRESS	1971 AMBERWOOD DR.	STREET ADDRESS	LUTZ, FL 33549		
CITY-ST-ZIP	RIVERVIEW, FL 33569	CITY-ST-ZIP			
TITLE	T- <input checked="" type="checkbox"/> Delete	TITLE	T- <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOVAK, LEE	NAME	NORMA, CRANNELL		
STREET ADDRESS	1334 BIG PINE DRIVE	STREET ADDRESS	625 STILLVIEW CIRCLE		
CITY-ST-ZIP	VALRICO, FL 33594	CITY-ST-ZIP	BRANDON, FL 33510		
TITLE	T- <input type="checkbox"/> Delete	TITLE	T- <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOODMAN, PEG	NAME	GOODMAN, PEG		
STREET ADDRESS	515 E. BRENTRIDGE DR.	STREET ADDRESS	515 BRENTWOOD DRIVE		
CITY-ST-ZIP	BRANDON, FL 33511	CITY-ST-ZIP	BRANDON, FL 33511		
TITLE	S- <input type="checkbox"/> Delete	TITLE	S- <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEAVNER, DORIS	NAME	HEAVNER, DORIS		
STREET ADDRESS	208 LAKE PARSONS DR., #403	STREET ADDRESS	208 LAKE PARSONS DRIVE #403		
CITY-ST-ZIP	BRANDON, FL 33511	CITY-ST-ZIP	BRANDON, FL 33511		
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: <u>Norma Crannell</u> Norma Crannell 2/10/05 813-684-8790 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					