

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90022 029 \*\*\*\*61.25

**DOCUMENT # 739150**

1. Entity Name

BRANDON HOSPITAL AUXILIARY, INC.



Principal Place of Business

Mailing Address

C/O BRANDON HOSPITAL AUXILIARY, INC.  
BRANDON FL 33511

119 OAKFIELD DRIVE  
BRANDON FL 33511

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1745948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete  
NAME COLLINS, VANCH  
STREET ADDRESS 3501 CASE JONES DRIVE  
CITY-STATE-ZIP VALRICO FL 33594

TITLE V ☐ Delete  
NAME HARMISON, YVONNE  
STREET ADDRESS 18507 LAKESHORE DRIVE  
CITY-STATE-ZIP LUTZ FL 33549

TITLE T ☐ Delete  
NAME REED, GEORGE  
STREET ADDRESS 3811 HIGHGATE DR  
CITY-STATE-ZIP VALRICO FL 33594

TITLE P ☒ Delete  
NAME NOVAK, LEE  
STREET ADDRESS 1334 BIG PINE DRIVE  
CITY-STATE-ZIP VALRICO FL 33594

TITLE T ☐ Delete  
NAME GOODMAN, PEG  
STREET ADDRESS 515 E. BRENTRIDGE DR.  
CITY-STATE-ZIP BRANDON FL 33511

TITLE S ☐ Delete  
NAME HUMBERON, MARY  
STREET ADDRESS 1216 E CAMILLA DR  
CITY-STATE-ZIP BRANDON FL 33510

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C.K. TIM HUMBERSON ☒ Change ☐ Addition  
NAME 1216 E. CAMELLIA JR.  
STREET ADDRESS BRANDON, FL 33510  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition  
NAME CORRINE A. HORTON  
STREET ADDRESS 908 BALSAMINA DR  
CITY-STATE-ZIP BRANDON, FL 33510

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☒ Change ☐ Addition  
NAME MARY HUMBERSON  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Corrine A. Horton* CORRINE A. HORTON

3-15-07 (813) 685-2079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #