

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90062 008 \*\*\*\*61.25

**DOCUMENT # 739150**

1. Entity Name  
**BRANDON HOSPITAL AUXILIARY, INC.**



Principal Place of Business  
**C/O BRANDON HOSPITAL AUXILIARY, INC.  
BRANDON, FL 33511**

Mailing Address  
**119 OAKFIELD DRIVE  
BRANDON, FL 33511**

40007400



|  |         |                     |         |
|--|---------|---------------------|---------|
| 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 |

01082008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1745948**

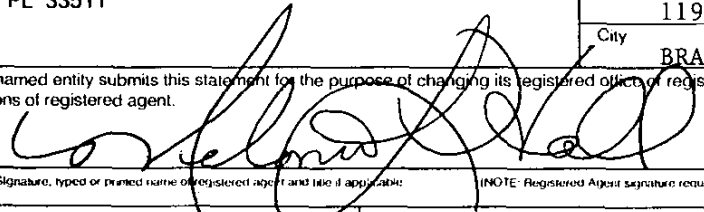
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**MCKELL, DEBRA  
(HOSPITAL LIAISON)  
119 OAKFIELD DRIVE  
BRANDON, FL 33511**

7. Name and Address of New Registered Agent  
Name  
**HALL, MELONIE**  
Street Address (P.O. Box Number is Not Acceptable)  
**(HOSPITAL LIAISON)**  
**119 OAKFIELD DRIVE**  
City  
**BRANDON** FL Zip Code  
**33511**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1-9-08**

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 |                       |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                          |  |
|----------------------------|-----------------------|--|---|--------------------------|--|
| TITLE                      | V                     | <input checked="" type="checkbox"/> Delete | TITLE   | P                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HUMBERSON, C.K. T     |  | NAME  | HUMBERSON, C.K. Tim      |  |
| STREET ADDRESS             | 1216 EAST CAMELLIA DR |  | STREET ADDRESS  | 1216 EAST CAMELLIA DRIVE |  |
| CITY-ST-ZIP                | BRANDON, FL 33510     |  | CITY-ST-ZIP   | BRANDON, FL 33510        |  |
| TITLE                      | V                     | <input checked="" type="checkbox"/> Delete | TITLE   | VP                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HARMISON, YVONNE      |  | NAME  | LEE NOVAK                |  |
| STREET ADDRESS             | 18507 LAKESHORE DRIVE |  | STREET ADDRESS  | 1334 BIG PINE DRIVE      |  |
| CITY-ST-ZIP                | LUTZ, FL 33549        |  | CITY-ST-ZIP   | VALRICO, FL 33596        |  |
| TITLE                      | T                     | <input checked="" type="checkbox"/> Delete | TITLE   | T                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HORTON, CORRINE A     |  | NAME  | JOAN DAILY               |  |
| STREET ADDRESS             | 908 BALSAMINA DR      |  | STREET ADDRESS  | 1918 CITRUS ORCHARD WAY  |  |
| CITY-ST-ZIP                | BRANDON, FL 33510     |  | CITY-ST-ZIP   | VALRICO, FL 33594        |  |
| TITLE                      | T                     | <input checked="" type="checkbox"/> Delete | TITLE   | T                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GOODMAN, PEG          |  | NAME  | JOYCE BONHAM             |  |
| STREET ADDRESS             | 515 E. BRENTRIDGE DR. |  | STREET ADDRESS  | 1606 LOGHILL PLACE       |  |
| CITY-ST-ZIP                | BRANDON, FL 33511     |  | CITY-ST-ZIP   | BRANDON, FL 33510        |  |
| TITLE                      | S                     | <input checked="" type="checkbox"/> Delete | TITLE   | S                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | HUMBERSON, MARY       |  | NAME  | M. CHRIS PINZIVZLLI      |  |
| STREET ADDRESS             | 1216 E CAMILLA DR     |  | STREET ADDRESS  | 716 CHOO CHOO LANE       |  |
| CITY-ST-ZIP                | BRANDON, FL 33510     |  | CITY-ST-ZIP   | VALRICO, FL 33594        |  |
| TITLE                      |                       | <input type="checkbox"/> Delete            | TITLE   |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                       |  | NAME  |                          |  |
| STREET ADDRESS             |                       |  | STREET ADDRESS  |                          |  |
| CITY-ST-ZIP                |                       |  | CITY-ST-ZIP   |                          |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 any address, with all other like empowered.

SIGNATURE  DATE **1-16-08** 813-681-5551 X3587