


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90060 050 ****61.25

DOCUMENT # 749596		
1. Entity Name TWIN CITIES HOSPITAL AUXILIARY, INC.		

Principal Place of Business 2190 HWY 85 NORTH NICEVILLE, FL 32578 US	Mailing Address 2190 HWY 85 NORTH NICEVILLE, FL 32578 US
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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

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2478138	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAUCEDA, ANNE 3205 SUNSHINE LANE NICEVILLE, FL 32578		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 registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	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 NAME STREET ADDRESS CITY - ST - ZIP	D2VP HUMPHREY, ROBERTO 3949 BALEAN DR. NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D2VP ROBERTA HUMPHREY 3949 BALEAN DR. NICEVILLE FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SAUCEDA, ANNE 3205 SUNSHINE LANE NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT JOYCE, REGINA D 4335 SUNSET BCH CIR NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CATHERINE CONROY 1620 CORSICA COVE NICEVILLE, FL 32578 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RS VAN PELT, CAROLYN 1405 B BAYSHORE DR NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D1VP STAPLETON, WANDA 510 SPRINGACRES COVE NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ADKISON, MEREDITH 375 PERSIMMON ST. FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an address, with all other like empowered.

SIGNATURE: Catherine Conroy 1/7/08 8508971771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #