

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 757338 (9)**

1. Corporation Name

**WOMEN'S MEDICAL CENTER AUXILIARY INC.**



Principal Place of Business

Mailing Address

**9675 SEMINOLE BLVD  
P.O. BOX 4001  
SEMINOLE FL 34642**

**9675 SEMINOLE BLVD  
P.O. BOX 4001  
SEMINOLE FL 34642**

3. Date Incorporated or Qualified  
**04/02/1981**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2515891**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRIEDRICH, DANIEL J.  
9675 SEMINOLE BLVD.  
SEMINOLE FL 34642**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME DAVIS, RUTH  
STREET ADDRESS 10650 VILLAGE DR., UNIT 102A  
CITY-ST-ZIP SEMINOLE FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Davis, Ruth  
1.3 STREET ADDRESS 10650 Village Dr. Unit 102A  
1.4 CITY-ST-ZIP Seminole, FL

TITLE TD ☐ DELETE  
NAME KRUMSIECK, EUGENIA  
STREET ADDRESS 11522 - 61ST AVE. N.  
CITY-ST-ZIP SEMINOLE FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME LYONS, JEANNE  
STREET ADDRESS 10297 130TH STREET  
CITY-ST-ZIP LARGO FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE  
NAME HOLEVA, CATHERINE  
STREET ADDRESS 8405-112TH STREET, N. #205  
CITY-ST-ZIP SEMINOLE FL

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME HOLEVA, Catherine  
4.3 STREET ADDRESS 8405-112th St. N. #205  
4.4 CITY-ST-ZIP Seminole, FL

TITLE PD ☐ DELETE  
NAME SHOOK, HELEN  
STREET ADDRESS 10399 67TH AVE., LOT 6  
CITY-ST-ZIP SEMINOLE FL

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME SHOOK, Helen  
5.3 STREET ADDRESS 10399 67th Ave., Lot 6  
5.4 CITY-ST-ZIP Seminole, FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Eugene Krausnick T/L/D  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96  
Date

813-393 4646  
Daytime Phone #

CR2E037 (12/95)