

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90002 044 ****61.25

DOCUMENT # N00000005708

1. Entity Name
HELEN ELLIS MEMORIAL HOSPITAL FOUNDATION, INC.



Principal Place of Business
**1395 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34688 US**

Mailing Address
**1395 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34688-1487 US**

60012931



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3690149

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MCPHERSON, JOHN
1395 SOUTH PINELLAS AVE
TARPON SPRINGS, FL 34689**

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.

John McPherson

SIGNATURE

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **T** ☒ Delete
NAME **HUMPHREY, RICHARD**
STREET ADDRESS **18167 US HWY 19 N STE 200**
CITY-ST-ZIP **CLEARWATER, FL 33764**

TITLE ☐ Change ☒ Addition
NAME **Carol DeFranco**
STREET ADDRESS **3412 Glenside Drive**
CITY-ST-ZIP **Holiday, FL 34690**

TITLE **P** ☐ Delete
NAME **SELLEW, ROGER F**
STREET ADDRESS **967 BAYSHORE DR**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Change ☒ Addition
NAME **Karen Brayboy**
STREET ADDRESS **254 South Beach Drive**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **VP** ☐ Delete
NAME **KOUSKOUTIS, N. MICHAEL**
STREET ADDRESS **35 W. LEMON STREET**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Change ☒ Addition
NAME **Connie McDonald**
STREET ADDRESS **494 Appaloosa Road**
CITY-ST-ZIP **Tarpon Springs, FL 34688**

TITLE **D** ☐ Delete
NAME **VINSON, DANIEL B**
STREET ADDRESS **456 E. TARPON AVENUE**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

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

TITLE **S** ☐ Delete
NAME **SANTELLA, GENE**
STREET ADDRESS **18725 OSCEOLA STREET**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Change ☐ Addition
NAME **address correction**
STREET ADDRESS **Santella, Gene**
CITY-ST-ZIP **1872 Osceola Street**

TITLE **D** ☐ Delete
NAME **LEE, CLOY BELLE**
STREET ADDRESS **4533 MARINE PARKWAY #103**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/06

Daytime Phone #