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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # NO1293 (2)
1. Corporation Name
HEART OF FLORIDA HOSPITAL AUXILIARY, INC.



Principal Place of Business 10TH STREET & NORMA AVENUE 10 & NORMA ST. HAINES CITY FL 33844 US	Mailing Address HEART OF FLA. HOSPITAL POST OFFICE BOX 1107 HAINES CITY FL 33845-1107 US
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3. Date Incorporated or Qualified 02/08/1984		
4. FEI Number 59-2373159	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 FLORIDA REGIONAL MEDICAL CENTER	2a. Mailing Address
Suite, Apt. #, etc. 1615 US HWY 27 N	Suite, Apt. #, etc.
City & State DAVENPORT, FL	City & State
Zip 33843	Country U S

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KIRK, ALICE
1033 LAUREL HILLS CT.
HAINES CITY FL 33844**

10. Name and Address of New Registered Agent

81 Name MARY DAVIS	
82 Street Address (P.O. Box Number is Not Acceptable) 2358 PAULETTE DRIVE	
83 HAINES CITY, FL	
84 City HAINES CITY	85 Zip Code FL 33844

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 *Mary Davis* **JANUARY 27, 1998**
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	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIRK, ALICE		1.2 NAME DAVIS, MARY	
STREET ADDRESS 1033 LAUREL HILLS CT.		1.3 STREET ADDRESS 2358 PAULETTE DRIVE	
CITY-ST-ZIP HAINES CITY FL 33844		1.4 CITY-ST-ZIP HAINES CITY, FL 33844	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE D VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WINEMAN, LORRAINE		2.2 NAME WILLIAM DOHERTY	
STREET ADDRESS 112 MOUSE MOUNTAIN DRIVE		2.3 STREET ADDRESS 103 BAYWOOD	
CITY-ST-ZIP DAVENPORT FL		2.4 CITY-ST-ZIP DUNDEE, FL 33838	
TITLE PED	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, MARY		3.2 NAME WINEMAN, LORRAINE	
STREET ADDRESS 2358 PAULETTE DR.		3.3 STREET ADDRESS 1100 PENINSULAR DRIVE	
CITY-ST-ZIP HAINES CITY FL		3.4 CITY-ST-ZIP HAINES CITY, FL 33844	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOOD, SHIRLEY		4.2 NAME GOOD, SHIRLEY	
STREET ADDRESS 158 PALISADES DR.		4.3 STREET ADDRESS 158 PALISADES DRIVE	
CITY-ST-ZIP DAVENPORT FL 33837		4.4 CITY-ST-ZIP DAVENPORT, FL 33837	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BURGESS, DOROTHY		5.2 NAME CARSON, ANN	
STREET ADDRESS P.O. BOX 3011		5.3 STREET ADDRESS 12000 HWY 27 N, #22	
CITY-ST-ZIP HAINES CITY FL 33845		5.4 CITY-ST-ZIP DAVENPORT, FL 33844	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mary Davis* **MARY DAVIS** **JANUARY 27, 1998**

CFR2037 (10/97)