

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**95 FEB 15 PM 3:21**

**DOCUMENT # N02311 (1)**  
1. Corporation Name  
**SOUTH SEMINOLE COMMUNITY HOSPITAL AUXILIARY, INC**

Principal Place of Business Mailing Address  
**555 STATE ROAD 434  
P.O. BPX 1607  
LONGWOOD FL 32750**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/02/1984** 3a. Date of Last Report **04/26/1994**  
4. FEI Number **59-2454386** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
~~REID, JOHN -~~  
~~208 FOLEGATE TRAIL~~  
~~LONGWOOD FL 32750~~

10. Name and Address of New Registered Agent  
81 Name **LOCKHART, VIRGINIA**  
82 Street Address (P.O. Box Number is Not Acceptable) **195 HERON BAY CIRCLE**  
83  
84 City **LAKE MARY** FL 85 Zip Code **32746**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Virginia Lockhart* **FEBRUARY 8, 1995**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MILNA/ MYNA/
STREET ADDRESS	7343 LAURA ST/
CITY - ST - ZIP	CASSELBERRY FL
TITLE	S
NAME	HIGH, SUE
STREET ADDRESS	207 SWEETWATER CIR DR
CITY - ST - ZIP	LONGWOOD FL
TITLE	V
NAME	SCHAFFER, JEANNE/
STREET ADDRESS	204 EGRET CT.
CITY - ST - ZIP	ALTAMONTE SPGS, FL
TITLE	AV
NAME	SKURA, HALLIE/
STREET ADDRESS	299 LAKE GRIFFIN CIR.
CITY - ST - ZIP	CASSELBERRY FL
TITLE	
NAME	LOCKHART, VIRGINIA
STREET ADDRESS	195 HERON BAY CIR
CITY - ST - ZIP	LAKE MARY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHAFFER, JEANNE	
1.3 STREET ADDRESS	204 EGRET CT	
1.4 CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32701	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SPURNEY, LEE	
2.3 STREET ADDRESS	108 LAMPLIGHTER RD	
2.4 CITY - ST - ZIP	ALTAMONTE SPGS, FL 32701	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	COOK, MARY	
3.3 STREET ADDRESS	42 HACIENDA VILLAGE	
3.4 CITY - ST - ZIP	WINTER SPGS, FL 32708	
4.1 TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SCHERRER, HELEN	
4.3 STREET ADDRESS	1728 PINE RIDGE RD	
4.4 CITY - ST - ZIP	SANFORD, FL 32773	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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: *Virginia Lockhart* **FEB 8, 1995** (407) 322-5436  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**VIRGINIA LOCKHART**