

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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

3. Date Incorporated or Qualified 04/02/1984  
3a. Date of Last Report 03/07/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 29 Country 30  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
LOCKHART, VIRGINIA  
195 HERON BAY CIRCLE  
LAKE MARY FL 32748  
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 *Virginia Lockhart* Feb 14, 1997  
Sandra B. Mortham, Secretary of State, State of Florida (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, JEANNE/	1.2 NAME	WEEKS, SHIRLEY
STREET ADDRESS	204 EGRET CT	1.3 STREET ADDRESS	892 BRENTWOOD DR
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPURNEY, LEE	2.2 NAME	MCCLURE, ALLENE
STREET ADDRESS	108 LAMPLIGHTER RD	2.3 STREET ADDRESS	113 EASTERN FORK
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, SHIRLEY	3.2 NAME	GILLAN, FRANCES
STREET ADDRESS	892 BRENTWOOD DR	3.3 STREET ADDRESS	135 KRIDER ROAD
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP	SANFORD, FL 32773
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERRER, HELEN	4.2 NAME	
STREET ADDRESS	1728 PINE RIDGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKHART, VIRGINIA	5.2 NAME	
STREET ADDRESS	195 HERON BAY CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	5.4 CITY-ST-ZIP	
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 do 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: *Virginia Lockhart* REQUIRED Feb 14, 1997 407-322-5436  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 076811

CR2E037 (9/96)