FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 N07689 DOCUMENT # 1. Corporation Name

(5)

UNIVERSITY COMMUNITY HOSPITAL FOUNDATION, INC.

Principal Place of Business Mailing Address					1 10011101 011 00111 18010 01101 10110		ALBIT BIST BIBIT (SB)
% LEONARD GILBERT % LEONARD GILL 777 HARBOUR IS DR., S., P.O. BOX 3239 777 HARBOUR IS TAMPA FL 33602 TAMPA FL 33602			DR., S., P.O. BOX 3239				
TAMEN IL DO		TAMPA PE 33002	TAMEN PE 33002		3. Date incorporated or Qualified 02/18/1985		
Principal Place of Business		2a. Mailing Address	 ¬		4. FEI Number 59-2550889	4. FEI Number Applied F 59-2550889 Not Applie	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	 1		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip 24	Country 25	Ζιρ 29	Country 30				
	9. Name and Address of Curre	ent Registered Agent		·	10. Name and Address of New Re	egistered Agen	l
			81	Name			
GILBERT, LEONARD H 777 SOUTH HARBOR ISLAND DRIVE			82	Street Ac	Address (P.O. Box Number is Not Acceptable)		
5TH FLO	OR		83	1			
TAMPA I	EL 33602		84	City	THE WASHINGTON	FL 85	Žip Code
familiar wi	th, and accept the obligations of, Se Signature, typed or printed harne of registered ag-	ction 617,0503, Florida Statute	IS. IOTE Registered Age		oard of directors. I hereby accept the apportant will translating	DAIL	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFE	CERS AND DIFFE	. CTORS IN 12
TITLE	CD	DELETE	1.1 TITLE			Cha	ange 🔲 Addition
NAME	LAU,DONALD K.		1.2 NAME				
STREET ADDRESS	110 WHITAKER RD.		1 3 STREE	T ADDRESS			
CITY-ST-ZIP	LUTZ FL		1.4 CHY -				
1IfLE	TD FORMULA	DELETE	2.1 TITLE	•	Treasurer	L Cha	ange 🔲 Addition
NAME	ESPOSITO, FRANK R.		2.2 NAME		Johnny R. Adack 107 E. Fowler Ave		
STREET ADDRESS	16332 GULF BLVD		2 3 STREE	TADORESS	107 E. FOWIER ATT		
CITY - ST - ZIP	REDDINGTON BCH FL VCD	TEL OF COLUMN	2 4 CITY	ST-ZIP	Tampa, FG 33412		
TITLE	COUCH, THEODORE J SR	⊡ 8€€€1E	3 1 TITLE		Vice Chairman	™ Cna	ange 🔲 Addition
NAME	1717 E FOWLER AVE		3.2 NAME		Allen N. Reeves	A. 14	
STREET ADDRESS	TAMPA FL			1 ADORESS	11333 N. Florida	700	
CITY - ST - ZIP TITLE	SD	[DELEIE	3 4. CITY	-ST-ZIP	Tampa, FL 33013	₽ cha	ange Addition
NAME	MOLLY, RICHARD P.	<u> </u>	4.1 TITLE 4.2 NAM		Beinetary	U UII	ange [] Addition
STREET ADORESS	13801 N. 30TH ST. #501			- 1	Bornie van Overbek	25.00	
	TAMPA FL		4.3 SINE		1104 N. Riverhills)//VE	7
CITY-SI-ZIP TITLE	ASD	DELETE	5 1 THTLE	21 · 21P	Temple Terrace, F		
NAME	REYNOLDS, ELIZABETH A.	Detter	5 2 NAME		Elizabeth R. Hult		ange L Addition
STREET ADDRESS	3100 E. FLETCHER AVE.			T ADDRESS	encason in the		
CITY-ST-ZIP	TAMPA FL						
TITLE		DELETE	5 4 CITY - 6 1 TIFLE			□ Cn:	ange Addition
NAME			6.2 NAME				2.195 [] (10011011
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY				
SALL SITER	L		■ C.9 GH11	Q11211			

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. ZUZABUTA R. HAULT Director of Deretampt 1/26/96 972-7886
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

ELIZABETH D. Laving Phone &

ELIZABETH D. Laving Phone &

SIGNATURE:

CR2E037 (12/95)