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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 3:22

DOCUMENT # N18161 (2)

1. Corporation Name

PINELLAS COUNTY MEDICAL SOCIETY AUXILIARY FOUNDATION, INC.

Principal Place of Business	Mailing Address
%WILLIAM COLETTI 7411 114TH AVENUE N., SUITE #306 LARGO FL 34643-5108	%WILLIAM COLETTI 7411 114TH AVENUE N., SUITE #306 LARGO FL 34643-5108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1986
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-2949216 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COLETTI, WILLIAM
PINELLAS COUNTY MEDICAL SOCIETY
7411 114TH AVE N STE. 306
LARGO FL 34643

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	P D	☒ Change ☐ Addition
NAME	ROCA, FRANCINE	12 NAME	APTER, CYNTHIA	
STREET ADDRESS	730 HICKORY LA	13 STREET ADDRESS	11975 4th St. E.	
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	Treasure Island, FL 33706	
TITLE	PD	21 TITLE	V.P. D	☒ Change ☐ Addition
NAME	KUEBEL, ROBIN	22 NAME	CLARKE, SUE	
STREET ADDRESS	315 MAGNOLIA DRIVE	23 STREET ADDRESS	808 Water Hyacinth Ct. N.E.	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	SD	31 TITLE	S P	☐ Change ☐ Addition
NAME	GARRITANO, ANNE	32 NAME	EATON, KAREN	X
STREET ADDRESS	502 LOOKOUT CT	33 STREET ADDRESS	4766 RoyAL Palm Circle N.E.	
CITY-ST-ZIP	LARGO FL	34 CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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.

SIGNATURE: x Susan Clarke x 6-16-95 x 526-2336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sue Clarke, Co. President
Typed or Printed Name and Title of Officer

0067004