

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N18161 (2)

1. Corporation Name

PINELLAS COUNTY MEDICAL SOCIETY AUXILIARY FOUNDATION, INC.

Principal Place of Business

%WILLIAM COLETTI
7411 114TH AVENUE N. SUITE #306
LARGO FL 34643-5108

Mailing Address

%WILLIAM COLETTI
7411 114TH AVENUE N. SUITE #306
LARGO FL 34643-5108



3. Date Incorporated or Qualified
12/09/1986

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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
NAME APTER, CYNTHIA
STREET ADDRESS 11975 4TH ST E
CITY-ST-ZIP TRESURE ISLAND FL ☒ DELETE

1.1 TITLE *Pres.*
1.2 NAME *Shannon McNeill* ☐ Change ☒ Addition
1.3 STREET ADDRESS *829 Marco Dr. NE*
1.4 CITY-ST-ZIP *St. Petersburg, FL 33702*

TITLE VPD
NAME CLARKE, SUE
STREET ADDRESS 808 WATER HYACINTH CT NE
CITY-ST-ZIP ST PETERSBURG FL ☒ DELETE

2.1 TITLE *Thompson* ☒ Change ☒ Addition
2.2 NAME *Dorothy Thompson*
2.3 STREET ADDRESS *2600 Blossom Way SE*
2.4 CITY-ST-ZIP *St. Petersburg, FL 33712*

TITLE *DSO Pres-Elect*
NAME EATON, KAREN
STREET ADDRESS 4766 ROYAL PALM CIRCLE NE
CITY-ST-ZIP ST PETERSBURG FL ☐ DELETE

3.1 TITLE *D*
3.2 NAME *Eaton Karen* ☐ Change ☒ Addition
3.3 STREET ADDRESS *4766 Royal Palm Circle NE*
3.4 CITY-ST-ZIP *St. Petersburg, FL 33703*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition
600001856536
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*****61.25**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition
CE 5.1.96

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:

Dorothy Thompson *Dorothy Thompson*

Date

Daytime Phone #

4-29-96 (813)867-4767

CR2E037 (12/95)