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 MAR -9 AM 9:06

DOCUMENT # N27273 (4)

1. Corporation Name
DADE CITY HOSPITAL AUXILIARY, INC.

Principal Place of Business	Mailing Address
13100 FT. KING RD DADE CITY FL 33525	13100 FT. KING RD DADE CITY FL 33525

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/05/1988
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-2195654 — 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
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

ELLETT, FREDERICK
4515 TOWER STREET
RIDGE MANOR FL 33525

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: FREDERICK J ELLETT — Frederick J Ellett — 11/17/95
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	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	NARRETT JOAN	1.2 NAME		
STREET ADDRESS	P.O BOX 802	1.3 STREET ADDRESS	KAY BURNS 38141 MARTIN ST	
CITY-ST-ZIP	DADE CITY FL 33525	1.4 CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	VD	2.1 TITLE	1ST V P	☒ Change ☐ Addition
NAME	KAY BURNS	2.2 NAME	GERALDINE GADDES	
STREET ADDRESS	38141 MARTIN ST	2.3 STREET ADDRESS	34932 REYNOLDS ST	
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	VD	3.1 TITLE	2ND V P	☐ Change ☐ Addition
NAME	TINA COLVIN	3.2 NAME	TINA COLVIN	
STREET ADDRESS	11600 MEADOW LANE DR	3.3 STREET ADDRESS	11600 MEADOW LANE DR	
CITY-ST-ZIP	DADE CITY FL	3.4 CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	SD	4.1 TITLE	RECORDING SECRETARY	☒ Change ☐ Addition
NAME	POLLOCK, DORIS	4.2 NAME	GRETA MC ELFRESH	
STREET ADDRESS	34425 CEDAR FIELD DRIVE	4.3 STREET ADDRESS	11045 MUSTANG DR	
CITY-ST-ZIP	RIDGE MANOR FL	4.4 CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	SD	5.1 TITLE	CORRESPONDING SECRETARY	☒ Change ☐ Addition
NAME	CHEYNE BILLIE	5.2 NAME	LYNDA TABENHORST	
STREET ADDRESS	39651 ELGIN DR	5.3 STREET ADDRESS	13841 S 12TH ST	
CITY-ST-ZIP	ZEPHYRHILLS FL	5.4 CITY-ST-ZIP	DADE CITY, FL 33525	
TITLE	TD	6.1 TITLE	TREASURER/DIRECTOR	☐ Change ☐ Addition
NAME	ELLETT, FREDERICK	6.2 NAME	FREDERICK ELLETT	
STREET ADDRESS	4515 TOWER STREET	6.3 STREET ADDRESS	5415 TOWER ST	
CITY-ST-ZIP	RIDGE MANOR FL	6.4 CITY-ST-ZIP	RIDGE MANOR, FL 33525	

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)(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: Frederick J Ellett — FREDERICK J ELLETT Treasurer — 11/17/95 — 1-904-583-5067
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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