

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

FILED
Feb 19 1996 8:00 am
Secretary of State

DOCUMENT # N27273 (4)

1. Corporation Name
DADE CITY HOSPITAL AUXILIARY, INC.



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

3. Date Incorporated or Qualified: **07/05/1988**
3a. Date of Last Report: **03/09/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FBI Number 59-2195654	Applied For	<input checked="" type="checkbox"/> Not Applicable
22	Suite, Apt #, etc.	26	Suite, Apt #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	28	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ELLETT, FREDERICK 4515 TOWER STREET RIDGE MANOR FL 33525				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: *Frederick J. Ellett* **FREDERICK J. ELLETT** *TREASURER* (NOTE: Registered Agent signature required when reinstating) DATE: **1/23/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, KAY	1.2 NAME	
STREET ADDRESS	38141 MARTIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	1.4 CITY-ST-ZIP	
TITLE	FVD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEDDES, GERALDINE	2.2 NAME	
STREET ADDRESS	34932 REYNOLDS STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	
TITLE	SVD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVIN, TINA	3.2 NAME	
STREET ADDRESS	11600 MEADOW LANE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	3.4 CITY-ST-ZIP	
TITLE	TS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCSELFRESH, GRETA	4.2 NAME	
STREET ADDRESS	11045 MUSTANG DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	4.4 CITY-ST-ZIP	
TITLE	CS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAGENHORST, LYNDA	5.2 NAME	
STREET ADDRESS	13841 S 12TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLETT, FREDERICK	6.2 NAME	
STREET ADDRESS	5415 TOWER STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGE MANOR FL	6.4 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: *Frederick J. Ellett* **FREDERICK J. ELLETT** DATE: **1/23/96** DAYTIME PHONE: **1-352-583-2833**

CR2E037 (12/95)