

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

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2195654

Applied For
☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23
Zip

Country

28
Zip

Country

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 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 *FREDERICK J. ELLETT* TREASURER

Signature, typed or printed name of registered agent and title if applicable

(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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
BURNS, KAY
STREET ADDRESS
38141 MARTIN STREET
CITY-ST-ZIP
DADE CITY FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
GEDDES, GERALDINE
STREET ADDRESS
34932 REYNOLDS STREET
CITY-ST-ZIP
DADE CITY FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
COLVIN, TINA
STREET ADDRESS
11600 MEADOW LANE DRIVE
CITY-ST-ZIP
DADE CITY FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
MCELFRESH, GRETA
STREET ADDRESS
11045 MUSTANG DRIVE
CITY-ST-ZIP
DADE CITY FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME
TAGENHORST, LYNDIA
STREET ADDRESS
13841 S 12TH STREET
CITY-ST-ZIP
DADE CITY FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
ELLETT, FREDERICK
STREET ADDRESS
5415 TOWER STREET
CITY-ST-ZIP
RIDGE MANOR FL

6.2 NAME
6.3 STREET ADDRESS
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

1-352-583-2833

25 5-19-96

CR2E037 (12/95)