


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. McInnis</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27273** (4)1. Corporation Name  
**COLUMBIA**  
**DADE CITY HOSPITAL AUXILIARY, INC.**

Principal Place of Business <b>13100 FT. KING RD DADE CITY FL 33525</b>	Mailing Address <b>13100 FT. KING RD DADE CITY FL 33525-5220</b>
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3. Date Incorporated or Qualified <b>07/05/1988</b>	3a. Date of Last Report <b>02/19/1996</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip Country <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip Country <b>29</b>	4. FEI Number <b>59-2195654</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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**

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

DATE **1/21/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>BURNS, KAY</b> <b>38141 MARTIN STREET</b> <b>DADE CITY FL</b>	1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BURNS, KAY</b>		1.2 NAME <b>GRETA MC ELFRASH</b>	
STREET ADDRESS <b>38141 MARTIN STREET</b>		1.3 STREET ADDRESS <b>11045 MUSTANG DR</b>	
CITY-ST-ZIP <b>DADE CITY FL</b>	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP <b>DADE CITY, FL 33525</b>	
TITLE <b>FVD</b>	<b>GEDDES, GERALDINE</b> <b>34932 REYNOLDS STREET</b> <b>DADE CITY FL</b>	2.1 TITLE <b>FIRST VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GEDDES, GERALDINE</b>		2.2 NAME <b>MARY CARMEN SMOCK</b>	
STREET ADDRESS <b>34932 REYNOLDS STREET</b>		2.3 STREET ADDRESS <b>36910 TERESA RD</b>	
CITY-ST-ZIP <b>DADE CITY FL</b>	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP <b>DADE CITY, FL 33525</b>	
TITLE <b>SVD</b>	<b>COLVIN, TINA</b> <b>11600 MEADOW LANE DRIVE</b> <b>DADE CITY FL</b>	3.1 TITLE <b>SECOND VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COLVIN, TINA</b>		3.2 NAME <b>NANCYE CORCORAN</b>	
STREET ADDRESS <b>11600 MEADOW LANE DRIVE</b>		3.3 STREET ADDRESS <b>5521 MANDAN ST</b>	
CITY-ST-ZIP <b>DADE CITY FL</b>	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP <b>ZEPHYRHILLS, FL 33541</b>	
TITLE <b>TS</b>	<b>MC ELFRASH, GRETA</b> <b>11045 MUSTANG DRIVE</b> <b>DADE CITY FL</b>	4.1 TITLE <b>RECORDING SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MC ELFRASH, GRETA</b>		4.2 NAME <b>TINA COLVIN</b>	
STREET ADDRESS <b>11045 MUSTANG DRIVE</b>		4.3 STREET ADDRESS <b>13539 EMBASSY PARK COURT</b>	
CITY-ST-ZIP <b>DADE CITY FL</b>	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP <b>DADE CITY, FL 33525</b>	
TITLE <b>CS</b>	<b>GLOTHWAITE, DONNA</b> <b>3833 WM HUME DRIVE</b> <b>ZEPHYR HILLS FL 33541</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GLOTHWAITE, DONNA</b>		5.2 NAME	
STREET ADDRESS <b>3833 WM HUME DRIVE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>ZEPHYR HILLS FL 33541</b>	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<b>ELLETT, FREDERICK</b> <b>5415 TOWER STREET</b> <b>RIDGE MANOR FL</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ELLETT, FREDERICK</b>		6.2 NAME	
STREET ADDRESS <b>5415 TOWER STREET</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>RIDGE MANOR FL</b>	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/21/97**DAYTIME PHONE # **1-352-583-2833**

0045589

CR2E037 (9/96)