

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT # N27273 (4)</b> 1. Corporation Name <b>DADE CITY HOSPITAL AUXILIARY, INC.</b>
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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</b>
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3. Date Incorporated or Qualified <b>07/05/1988</b>	
4. FEI Number <b>59-2195654</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>ELLETT, FREDERICK 4515 TOWER STREET RIDGE MANOR FL 33525</b>
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10. Name and Address of New Registered Agent 81 Name <b>Betty Boyd</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>33300 Rowntree Dr.</b> 83 <b>DADE City</b> 84 City <b>FL</b> 85 Zip Code <b>33523</b>
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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 Betty Boyd 1-20-98  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	MCELFRAH, GRETA
STREET ADDRESS	11045 MUSTANG DR.
CITY-ST-ZIP	DADE CITY FL
TITLE	FVD <input type="checkbox"/> DELETE
NAME	SMOCK, MARY CARMEN
STREET ADDRESS	36910 TERESA RD.
CITY-ST-ZIP	DADE CITY FL
TITLE	SVD <input type="checkbox"/> DELETE
NAME	CORCORAN, NANCYE
STREET ADDRESS	5521 MANDAN ST
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	RSD <input type="checkbox"/> DELETE
NAME	COLUM, TINA
STREET ADDRESS	13539 EMBASSY PARK CT
CITY-ST-ZIP	DADE CITY FL
TITLE	CSD <input type="checkbox"/> DELETE
NAME	GLOTHWAITE, DONNA
STREET ADDRESS	3833 WM HUME DRIVE
CITY-ST-ZIP	ZEPHYR HILLS FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	ELLETT, FREDERICK
STREET ADDRESS	5415 TOWER STREET
CITY-ST-ZIP	RIDGE MANOR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAMBARDO, MARY
1.3 STREET ADDRESS	3418 ANGLER LANE
1.4 CITY-ST-ZIP	DADE City, FL 33525
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DEAN, MARILYN
3.3 STREET ADDRESS	11536 Pierview RD.
3.4 CITY-ST-ZIP	DADE City, FL 33525
4.1 TITLE	RSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ONEY, NEIL
4.3 STREET ADDRESS	3833 CHAH DR.
4.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BOYD, Betty
6.3 STREET ADDRESS	33300 Rowntree Dr.
6.4 CITY-ST-ZIP	DADE City, FL 33523

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Betty Boyd 1-20-98 (352) 583-2801

CR2E037 (10/97)