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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27273

1. Corporation Name

PASCO COMMUNITY 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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/05/1988

4. FEI Number

59-2195654

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BOYD, BETTY
33300 ROWNTREE DR
DADE CITY FL 33523

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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	LAMBARDO, MARY	
STREET ADDRESS	36118 ANGLER LN	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	FVD	<input checked="" type="checkbox"/> DELETE
NAME	SMOCK, MARY CARMEN	
STREET ADDRESS	36910 TERESA RD.	
CITY-ST-ZIP	DADE CITY FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	DEAN, MARILYN	
STREET ADDRESS	11536 PIERVIEW RD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	RSD	<input checked="" type="checkbox"/> DELETE
NAME	ONEY, NELL	
STREET ADDRESS	3832 CHAH DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	CSD	<input checked="" type="checkbox"/> DELETE
NAME	GLODTHWAITE, DONNA	
STREET ADDRESS	3833 WM HUME DRIVE	
CITY-ST-ZIP	ZEPHYR HILLS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BOYD, BETTY	
STREET ADDRESS	33300 ROWNTREE DR	
CITY-ST-ZIP	DADE CITY FL 33523	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	1st Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUE REEVES
2.3 STREET ADDRESS	16454 Spring Valley Rd
2.4 CITY-ST-ZIP	DADE CITY, FL 33523
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	RSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NANCY CONCOHAN
4.3 STREET ADDRESS	5521 MANDAN ST.
4.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
5.1 TITLE	CSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LOUISE PARRY
5.3 STREET ADDRESS	38138 WOODSIDE VANE
5.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-99 (352) 583-2801

CR2E037 (11/98)