

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715328

Entity Name: ST. JOSEPH'S HOSPITALS AUXILIARY, INCORPORATED**Current Principal Place of Business:**3001 WEST DR. MARTIN LUTHER KING JR. BOULEVARD
TAMPA, FL 33607**Current Mailing Address:**3001 WEST DR. MARTIN LUTHER KING JR. BOULEVARD
TAMPA, FL 33607 US**FEI Number:** 59-2131207**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KIZER, SCOTT A
ATTENTION: LEGAL SERVICES DEPARTMENT
2985 DREW STREET
TAMPA, FL 33759 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** SCOTT A. KIZER

04/25/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY	Title	TREASURER
Name	SHELTON, BONNIE	Name	GARREN, KITTY
Address	C/O ST. JOSEPH'S HOSPITAL- VOLUNTEER RESOURCES 3001 WEST DR. MARTIN LUTHER KING JR. BLVD	Address	C/O ST. JOSEPH'S HOSPITAL- VOLUNTEER RESOURCES 3001 WEST DR. MARTIN LUTHER KING JR. BLVD
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607
Title	PRESIDENT	Title	V-SJH
Name	KING, CHLOE	Name	RUSSELL, LIDDELL
Address	C/O ST. JOSEPH'S HOSPITAL VOLUNTEER RESOURCES 3001 WEST DR. MARTIN LUTHER KING JR. BLVD	Address	C/O ST. JOSEPH'S HOSPITAL VOLUNTEER RESOURCES 3001 W. DR. MARTIN LUTHER KING JR. BLVD
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607
Title	V-SJHN	Title	SJHS-VP
Name	GALLO, PAUL	Name	BENNETT, LINDA
Address	C/O ST. JOSEPH'S HOSPITAL VOLUNTEER RESOURCES 3001 WEST DR. MARTIN LUTHER KING JR. BLVD	Address	C/O ST. JOSEPH'S HOSPITAL VOLUNTEER RESOURCES 3001 WEST DR. MARTIN LUTHER KING JR. BLVD
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHLOE KING

PRESIDENT

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date