

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 821162 (5)

1. Corporation Name

SHRINERS' HOSPITALS FOR CRIPPLED CHILDREN

Principal Place of Business

Mailing Address

2900 ROCKY POINT DRIVE  
TAMPA FL 33607  
USP.O. BOX 31356  
TAMPA FL 33631-33563. Date Incorporated or Qualified  
02/12/19683a. Date of Last Report  
06/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
36-2193608Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T  
NAME HARRINGTON, WEBBER C  
STREET ADDRESS 2700 1ST NATL BANK TOWER  
CITY-ST-ZIP PORTLAND, OREGON 972011.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D  
NAME TURNIPSEED, ROBERT N  
STREET ADDRESS 8191 LOCH HAVEN DR.  
CITY-ST-ZIP HAYDEN LAKE ID 838352.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE V  
NAME VERMAAS, JOHN D  
STREET ADDRESS 10001 S 27TH ST.  
CITY-ST-ZIP ROCA NE 684303.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE P  
NAME BRACEWELL, GENE  
STREET ADDRESS 840 SELIG DR.  
CITY-ST-ZIP ATLANTA GA4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE S  
NAME NOBLES, JOHN G.  
STREET ADDRESS 5203 WIMBLEDON WAY  
CITY-ST-ZIP EL PASO TX5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D  
NAME SEMB, RALPH W.  
STREET ADDRESS 66 FRENCH KING HIGHWAY  
CITY-ST-ZIP MILLERS FALLS MA6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97

Date

(813)281-0300

Daytime Phone # 0049528

CP2E037 (9/96)