## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#821162** 

FILED Apr 24, 2009 Secretary of State

Entity Name: SHRINERS HOSPITALS FOR CHILDREN, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2900 ROCKY POINT DRIVE TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** P.O. BOX 31356 TAMPA, FL 336313356 FEI Number: 36-2193608 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BRACEWELL, GENE Name: Name: 1015 THIMBLEGATE CT Address: Address: City-St-Zip: ALPHARETTA, GA 30022 City-St-Zip: Title: () Delete Title: () Change () Addition SEMB, RALPH W Name: Name: Address: 66 FRENCH KING HIGHWAY Address: City-St-Zip: ERVING, MA 01344 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition DOUGLAS, MAXWELL JONES, JACK A Name: Name: 15148 ISLEVIEW DRIVE 2900 ROCKY POINT DRIVE Address: Address: City-St-Zip: CHESTERFIELD, MO 63017 City-St-Zip: TAMPA, FL 33607 Title: Title: (X) Change ( ) Addition ( ) Delete Name: SEVERE, MICHAEL G Name: SEVERE, MICHAEL G 1798 ALPINE DRIVE 1798 ALPINE DRIVE Address: Address: City-St-Zip: ERIE,, CO 80516 City-St-Zip: ERIE,, CO 80516 Title: () Delete Title: (X) Change ( ) Addition MADSEN, ALAN W CINOTTO, JOHN A Name: Name: 18410 BALMORE PINES LANE 16868 OAK MANOR DRIVE Address: Address: City-St-Zip: CORNELIUS, NC 28031 City-St-Zip: WESTFIELD, IN 46074 Title: () Delete Title: (X) Change ( ) Addition GEORGE, MITCHELL STAUSS, DALE W Name: Name: Address: 2381 N. SERVICE STATION ROAD Address: 2030 9TH STREET, SE JORDAN STATION, ON LOR 1S0 CA EAST GRAND FORKS, MN 56721 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RALPH W. SEMB PRES 04/24/2009