

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821162

FILED
Apr 11, 2011
Secretary of State

Entity Name: SHRINERS HOSPITALS FOR CHILDREN, INC.

Current Principal Place of Business:

2900 ROCKY POINT DRIVE
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 31356
TAMPA, FL 336313356 US

New Mailing Address:

FEI Number: 36-2193608

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: T
Name: BRACEWELL, GENE
Address: 1015 THIMBLEGATE CT
City-St-Zip: ALPHARETTA, GA 30022

Title: P
Name: MAXWELL, DOUGLAS E
Address: 15148 ISLEVIEW DRIVE
City-St-Zip: CHESTERFIELD, MO 63017

Title: VP
Name: SEVERE, MICHAEL G
Address: 1798 ALPINE DRIVE
City-St-Zip: ERIE, CO 80516

Title: D
Name: MADSEN, ALAN W
Address: 18410 BALMORE PINES LANE
City-St-Zip: CORNELIUS, NC 28031

Title: S
Name: CINOTTO, JOHN A
Address: 16868 OAK MANOR DRIVE
City-St-Zip: WESTFIELD, IN 46074

Title: D
Name: STAUSS, DALE W
Address: 2030 9TH STREET, SE
City-St-Zip: EAST GRAND FORKS, MN 56721

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: DOUGLAS E MAXWELL

P

04/11/2011

Electronic Signature of Signing Officer or Director

Date