FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06924 (7)

1. Corporation Name
ALL CHILDREN'S HOSPITAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
%J. DENNIS SEXTON 801 SIXTH STREET, SOUTH ST. PETERSBURG FL 33701 US	%J. DENNIS SEXTON 801 SIXTH STREET, SOUTH ST. PETERSBURG FL 33701 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1984
3a. Date of Last Report: 06/09/1994
4. FEI Number: 59-2481738 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SEXTON, J. DENNIS
801 SIXTH STREET, SOUTH
ST. PETERSBURG FL 33801

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code 33701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		XX Change ☐ Addition
NAME	SEXTON, J. DENNIS	1.2 NAME		
STREET ADDRESS	801 SIXTH ST S	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	33701	
TITLE	V	2.1 TITLE		XX Change ☐ Addition
NAME	HOUGTON, BETH	2.2 NAME		
STREET ADDRESS	801 6TH ST. S.	2.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	V	3.1 TITLE		XX Change ☐ Addition
NAME	HORTON, J. L	3.2 NAME	HORTON, J. LLOYD	
STREET ADDRESS	801 6TH ST. S.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33701	
TITLE	CD	4.1 TITLE		XX Change ☐ Addition
NAME	SOKOLOWSKI, CLAUDIA	4.2 NAME		
STREET ADDRESS	2310 STARKEY RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	34641	
TITLE	CD	5.1 TITLE	VCD	XX Change ☐ Addition
NAME	JOHNSON, SUSAN G	5.2 NAME	DIAMOND, SANDRA F.	
STREET ADDRESS	2799 FEATHER SOUND DR.	5.3 STREET ADDRESS	7843 SEMINOLE BLVD.	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	SEMINOLE, FL 34642	
TITLE	S	6.1 TITLE	SD	XX Change ☐ Addition
NAME	EVERETT, PERRY B	6.2 NAME	OLIVIER, GREG	
STREET ADDRESS	801 - 6TH ST., S., #755	6.3 STREET ADDRESS	100 SOUTH ASHLEY DRIVE, SUITE 910	
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	TAMPA, FL 33602	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J. Dennis Sexton J. DENNIS SEXTON 4/20/95 (813) 898-7451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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E.I. # 59-2481738
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ADDITIONAL OFFICERS & DIRECTORS

Name and Address	Title
TD **Ruppel, David E.** 150 Second Avenue North St. Petersburg, FL 33701	**Treasurer**
D **Aldrich, J. Thomas** N/A Post Office Box 20104 St. Petersburg, FL 33742	**Director**
D **Barbosa, Jerry M.D.** 801 – 6th Street South #785 St. Petersburg, FL 33701	**Director**
D **Barody, Michael A.** 15301 Roosevelt Blvd., #303 Clearwater, FL 34620	**Director**
D **Belcher, Wm. Fletcher Esq.** 540 Fourth Street North St. Petersburg, FL 33701	**Director**
D **Burd, Richard F.** 15002 North Florida Avenue Tampa, FL 33613	**Director**
D **Chamberlin, Larry** N/A Post Office Box 2826 Largo, FL 34649	**Director**
D **Everett, Perry, M.D.** 801 Sixth Street South St. Petersburg, FL 33701	**Director**

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ADDITIONAL OFFICERS & DIRECTORS

Name and Address	Title
D **Gleim, Holger D. Esq.** N/A Post Office Box 14034 St. Petersburg, FL 33733	**Director**
D **Orns, Lonnie** 13041 Automobile Blvd. Clearwater, FL 34624	**Director**
D **Puffer, Jeff** 13350 US HWY 19 North Clearwater, FL 34624	**Director**
D **Sembler, Debbie** 10480 Longwood Dr. Seminole, FL 34647	**Director**
D **Stein, Henry A. Esq.** 270 1st Avenue South, Suite 300 St. Petersburg, FL 33701	**Director**
D **Stone, Ron Ph.D.** 301 Fourth Street SW Largo, FL 34640	**Director**
D **Velez, Teresa D.** 100 2nd Avenue South Suite #101 N St. Petersburg, FL 33701	**Director**