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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

3. Date Incorporated or Qualified: 12/31/1984

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ 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 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 _____ 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	☐ DELETE	1.1 TITLE		☐ 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		
TITLE	V	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	HOUGHTON, BETH A.		2.2 NAME	Marianne R. Parsons	
STREET ADDRESS	801 6TH ST. S.		2.3 STREET ADDRESS	801 Sixth Street South	
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HORTON, J. LLOYD		3.2 NAME		
STREET ADDRESS	801 6TH ST. S.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	CT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUPPEL, DAVID		4.2 NAME		
STREET ADDRESS	150 SECOND AVE NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	CT	☒ DELETE	5.1 TITLE	CT	☐ Change ☒ Addition
NAME	DIAMOND, SANDRA F.		5.2 NAME	Teresa D. Shelton	
STREET ADDRESS	7843 SEMINOLE BLVD		5.3 STREET ADDRESS	4830 Windmill Palm Terrace NE	
CITY-ST-ZIP	SEMINOLE FL		5.4 CITY-ST-ZIP	St. Petersburg, FL 33703-6307	
TITLE	T	☒ DELETE	6.1 TITLE	TT	☐ Change ☒ Addition
NAME	OLIVIER, GREG		6.2 NAME	Lonnie Orns	
STREET ADDRESS	100 S ASHLEY DR, STE 910		6.3 STREET ADDRESS	13041 Automobile Blvd.	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	Clearwater, FL 34622	

CR2E037 (10/97)

14. I 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 [illegible] 5/05/98 (813) 892-8892

ALL CHILDREN'S HOSPITAL FOUNDATION, INC.
E.I.N. # 59-2481738
CORPORATE ANNUAL REPORT

ADDITIONAL OFFICERS & TRUSTEES

Name and Address		Title
ST		**Secretary**
Holger D. Gleim 150 Second Avenue North Suite 1100 St. Petersburg, FL 33701		
T		**Trustee**
Louie N. Adcock, Jr. P.O. Box 387 St. Petersburg, FL 33731	N/A	
T		**Trustee**
Jerry Barbosa, M.D. 801 - 6th Street South St. Petersburg, FL 33701		
T		**Trustee**
Michael A. Barody 455 North Indian Rocks Road Belleair, FL 33770		
T		**Trustee**
Tim Bouchard P.O. Box 6090 Clearwater, FL 34618-6090	N/A	
T		**Trustee**
Larry Chamberlin 500 Madrid Drive Tierra Verde, FL 33715		

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ADDITIONAL OFFICERS & TRUSTEES

Name and Address	Title
T **Steven M. Esrick** 1518 Park Street North St. Petersburg, FL 33710	Trustee
T **Jack W. Kirkland, Jr.** 13577 Feather Sound Drive Suite 400 Clearwater, FL 34622	Trustee
T **William R. Lane, Jr.** 400 North Ashley Drive Suite 2300 Tampa, FL 33602	Trustee
T **Stanley I. Levy** 101 East Kennedy Blvd. Suite 3850 Tampa, FL 33602-5152	Trustee
T **David L. Mason** 3055 Turtle Brook Road Clearwater, FL 34621	Trustee
T **Mark Nichter, M.D.** 880 6th Street South Suite 370 St. Petersburg, FL 33701	Trustee

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ADDITIONAL OFFICERS & TRUSTEES

Name and Address		Title
T **Frank J. Rief, III** P.O. Box 3350 Tampa, FL 33601-3350	N/A	Trustee
T **Henry A. Stein, Esq.** 501 First Avenue North Suite 1000 St. Petersburg, FL 33701		Trustee
T **J. Mark Stroud** One Progress Plaza Suite 1500 St. Petersburg, FL 33701		Trustee
T **Rick Vaughn** One Tropicana Drive St. Petersburg, FL 33705		Trustee
T **Myrtle H. Williams** P.O. Box 13489 St. Petersburg, FL 33733	N/A	Trustee