2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90227 015 ****61.25

0045329

DOCUMENT # N06924

1. Entity 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

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
801 Sixth Street South Suite, Apt. #, etc.	801 Sixth Street South Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33701 Country: USA	Zip: 33701 Country: USA

4. FEI Number 59-2481738 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARNES, GARY A. 801 SIXTH STREET, SOUTH ST. PETERSBURG FL 33701	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SEXTON, J. DENNIS 801 SIXTH ST S ST PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T Carnes, Gary A. 801 Sixth Street South St. Petersburg, FL 33701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD STENBERG, ARNOLD T JR. 801 SIXTH STREET SOUTH ST PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Stenberg, Arnold T., Jr. 801 Sixth Street South St. Petersburg, FL 33701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOMBERG, JOEL 801 6TH ST. S. ST PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Momberg, Joel 801 Sixth Street South St. Petersburg, FL 33701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MASON, DAVID L PO BOX 1930 BOCA GRANDE FL 33921-1930	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHELTON, TERESA D 4830 WINDMILL PALM TERR NE ST PETERSBURG FL 33703-6307	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/T Rief, Frank J., III P.O. Box 1823 Tampa, FL 33601-1823	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CT ADCOCK, LOUIE N JR PO BOX 387 SAINT PETERSBURG FL 33731	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Adcock, Louie N., Jr. P.O. Box 387 St. Petersburg, FL 33731	☒ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/22/03 (727) 892-4401