

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **729093** (5)
1. Corporation Name
THE TAMPA GENERAL HOSPITAL FOUNDATION, INC.



Principal Place of Business Mailing Address
DAVIS ISLAND BLVD. **DAVIS ISLAND BLVD.**
P.O. BOX 1289 **P.O. BOX 1289**
TAMPA FL 33601-1289 **TAMPA FL 33601-1289**

2. Principal Place of Business 2a. Mailing Address
21 **DAVIS ISLAND** 26 **P.O. Box 1289**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **TAMPA, FLA** 27 **TAMPA, FLA**
City & State City & State
23 **33606** 25 **USA** 29 **33601** 30 **USA**
Zip Country Zip Country

3. Date Incorporated or Qualified **03/18/1974** 3a. Date of Last Report **04/12/1995**
4. FEI Number **23-7354477** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WEBBER, WILLIAM J.
PO BOX 1289/DAVIS ISLAND
TAMPA GENERAL HOSPITAL FOUNDATION, INC
TAMPA FL 33601

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

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 is 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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or filer (corporation)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBBER, WILLIAM J.	12 NAME	
STREET ADDRESS	2913 HAWTHORNE RD	13 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULBREATH, H.L.	22 NAME	
STREET ADDRESS	52 BAHAMA CIR	23 STREET ADDRESS	JACK ROMANO
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	5021 Shorecrest Cir.
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, WARREN	32 NAME	
STREET ADDRESS	2525 PROSPECT RD	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOTEN, SIMEON F. J	42 NAME	
STREET ADDRESS	5020 BAYSHORE BLVD #205	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, JEREMY P. E	52 NAME	
STREET ADDRESS	139 BOXPHORUS AVE	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33606	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIS, HAL	62 NAME	
STREET ADDRESS	2923 LAWN AVE	63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIMEON F. WOOTEN

1-17-95 **813-831-4890**
Date Daytime Phone #

CR2E037 (12/95)