

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729093 (5)**  
 1. Corporation Name  
**THE TAMPA GENERAL HOSPITAL FOUNDATION, INC.**

Principal Place of Business <b>DAVIS ISLAND BLVD TAMPA FL 33606 US</b>	Mailing Address <b>P.O. BOX 1289 TAMPA FL 33601 US</b>
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3. Date Incorporated or Qualified  
**03/18/1974**

4. FEI Number <b>23-7354477</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b>
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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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROMANO, JACK L  
4636 N DALE MABRY  
TAMPA FL 33614**

81 Name <b>Ross, Jeremy P.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>220 S Franklin St</b>
83
84 City <b>Tampa</b>
85 Zip Code <b>FL 33602</b>

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   
 Signature, typed or printed name of registered agent and title if applicable

**Jeremy P. Ross, President**

**1/29/98**  
 DATE

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reappointing)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>BLAIN, LAURA C</b>	
STREET ADDRESS <b>301 S BLVD</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ROMANO, JACK</b>	
STREET ADDRESS <b>4636 N DALE MABRY</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WOOTEN, SIMEON F. J</b>	
STREET ADDRESS <b>5020 BAYSHORE BLVD #205</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>FISHER, CAROLYN</b>	
STREET ADDRESS <b>4904 ANDROS</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE
NAME <b>MULLIS, HAL</b>	
STREET ADDRESS <b>101 E KENNEDY #2700</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Blain, Laura C</b>	
1.3 STREET ADDRESS <b>801 S Blvd</b>	
1.4 CITY-ST-ZIP <b>Tampa FL 33606</b>	
2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Ross, Jeremy P</b>	
2.3 STREET ADDRESS <b>220 S Franklin St</b>	
2.4 CITY-ST-ZIP <b>Tampa FL 33602</b>	
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Warren, James W</b>	
3.3 STREET ADDRESS <b>100 N Tampa St</b>	
3.4 CITY-ST-ZIP <b>Tampa, FL 33602</b>	
4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Martinez, Susan A</b>	
4.3 STREET ADDRESS <b>101 E Kennedy Blvd</b>	
4.4 CITY-ST-ZIP <b>Tampa FL 33602</b>	
5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>Mullis, Harold W</b>	
5.3 STREET ADDRESS <b>101 E Kennedy Blvd</b>	
5.4 CITY-ST-ZIP <b>Tampa FL 33602</b>	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:  **Jeremy P. Ross** 1/29/98 (813) 224-9255

CR2E037 (1097)