

FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90122 040 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729093**

1. Corporation Name

**THE TAMPA GENERAL HOSPITAL FOUNDATION, INC.**

Principal Place of Business

DAVIS ISLAND BLVD.  
TAMPA FL 33606  
US

Mailing Address

P.O BOX 1289  
TAMPA FL 33601  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/18/1974

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

9. Name and Address of Current Registered Agent

ROSS, JEREMY P  
220 S FRANKLIN ST  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name Harold W. Mullis, Jr., Esq.

82 Street Address (P.O. Box Number is Not Acceptable)  
101 East Kennedy Boulevard

83 Suite 2700

84 City Tampa

FL

85 Zip Code 33602

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-99

12. OFFICERS AND DIRECTORS

TITLE	D / S	<input type="checkbox"/> DELETE
NAME	BLAIN, LAURA C	
STREET ADDRESS	801 S BLVD	
CITY-ST-ZIP	TAMPA FL 33606	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSS, JEREMY P	
STREET ADDRESS	220 S FRANKLIN ST	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE	D / V / T	<input type="checkbox"/> DELETE
NAME	WARREN, JAMES W	
STREET ADDRESS	100 N TAMPA ST	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTINEZ, SUSAN A	
STREET ADDRESS	101 E KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE	D / P	<input type="checkbox"/> DELETE
NAME	MULLIS, HAL	
STREET ADDRESS	101 E KENNEDY #2700	
CITY-ST-ZIP	TAMPA FL 33602	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D/M	
1.3 STREET ADDRESS	Carolyn C. Fisher/	
1.4 CITY-ST-ZIP	4904 Andros Avenue Tampa, FL 33629	<input type="checkbox"/> Change <input type="checkbox"/> Addition

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

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, with all other like empowered.

**SIGNATURE:**  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

(813) 223-7474

Daytime Phone #

CR2E037 (11/98)