

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 729093

1. Entity Name

THE TAMPA GENERAL HOSPITAL FOUNDATION, INC.



Principal Place of Business

2 COLUMBIA DR.
RM. H-149
TAMPA FL 33606
US

Mailing Address

P.O BOX 1289
TAMPA FL 33601
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7354477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

DE LA VERGNE, ROBIN W MS
37 AEGEAN AVE
TAMPA FL 33606

7. Name and Address of New Registered Agent

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
Due By May 1, 2007

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

TITLE C ☐ Delete
NAME GUYTON, BRYAN J
STREET ADDRESS 100 N BRUSH ST. #440
CITY-ST-ZIP TAMPA FL 33602

TITLE VC ☐ Delete
NAME DINGLE, PHILLIP S
STREET ADDRESS 4516 WATROUS AVE.
CITY-ST-ZIP TAMPA FL 33629

TITLE T ☐ Delete
NAME KOUWE, RICHARD L
STREET ADDRESS 371 CHANNELSIDE WALKWAY
CITY-ST-ZIP TAMPA FL 33602

TITLE S ☐ Delete
NAME CAREY, LARRY C MD
STREET ADDRESS 906 S. LAKEVIEW RD
CITY-ST-ZIP TAMPA FL 33609

TITLE AT ☐ Delete
NAME MC CAIN, CARTER B
STREET ADDRESS 2919 W. KNIGHTS AVE
CITY-ST-ZIP TAMPA FL 33611

TITLE ED ☐ Delete
NAME DE LA VERGNE, ROBIN W
STREET ADDRESS 37 AEGEAN AVE
CITY-ST-ZIP TAMPA FL 33606

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Robin W De La Vergne

3/13/07

813-844-4974