

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729093

Entity Name: THE TAMPA GENERAL HOSPITAL FOUNDATION, INC.**Current Principal Place of Business:**1 TAMPA GENERAL CIRCLE
RM. H-149
TAMPA, FL 33606**Current Mailing Address:**P.O BOX 1289
RM H-149
TAMPA, FL 33601 US**FEI Number:** 23-7354477**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CF REGISTERED AGENT, INC.
100 S ASHLEY DR STE 400
TAMPA FL 33602 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	NEIL, T COREY
Address	601 BAYSHORE BLVD STE 990
City-State-Zip:	TAMPA FL 33606

Title	CHAIRMAN
Name	GRAHAM, DREW A
Address	401 E JACKSON ST 2300
City-State-Zip:	TAMPA FL 33602

Title	VC
Name	CELESTAN, GREGORY J.
Address	9501 E. U.S. HIGHWAY 92
City-State-Zip:	TAMPA FL 33610

Title	SECRETARY
Name	JACOB, DIANNE E
Address	201 N. FRANKLIN ST. SUITE 1500
City-State-Zip:	TAMPA FL 33602

Title	OTHER, CHIEF DEVELOPMENT OFFICER
Name	RICHARDS, FRANN M
Address	1 TAMPA GENERAL CIRCLE ROOM H149
City-State-Zip:	TAMPA FL 33606

Title	ASST. TREASURER
Name	GILLETTE, GORDON L
Address	6800 N. DALE MABRY HWY. SUITE 158
City-State-Zip:	TAMPA FL 33614

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANN M RICHARDSCHIEF DEVELOPMENT
OFFICER

01/22/2019

Electronic Signature of Signing Officer/Director Detail

Date