

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 821162

**Entity Name:** SHRINERS HOSPITALS FOR CHILDREN, INC.**Current Principal Place of Business:**2900 ROCKY POINT DRIVE  
TAMPA, FL 33607**Current Mailing Address:**P.O. BOX 31356  
TAMPA, FL 33631-3356 US**FEI Number: 36-2193608****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT  
Name            GANTT, JERRY G  
Address        148 ALEXANDRIA DRIVE  
City-State-Zip: MOORESVILLE NC 28115

Title            DIRECTOR  
Name            CAIN, JIM L SR.  
Address        4569 WINFIELD DR.  
City-State-Zip: NASHVILLE TN 37211

Title            2ND VICE PRESIDENT  
Name            BAILEY, WILLIAM S  
Address        153 SHORE DRIVE  
City-State-Zip: PORTAGE IN 46368

Title            SECRETARY  
Name            CRAVEN, KENNETH G.  
Address        1643 CENTRAL AVE  
City-State-Zip: SUMMERVILLE SC 29483

Title            TREASURER  
Name            KOEHN, BRADLEY T.  
Address        2833 SW JEWELL AVENUE  
City-State-Zip: TOPEKA KS 66611

Title            CHAIRMAN, BOARD OF DIRECTORS  
Name            SOWDER, JEFFREY L  
Address        101 S. STOCKTON ST.  
City-State-Zip: TORONTO KS 66777

Title            DIRECTOR  
Name            BURKE, RICHARD G.  
Address        2505 GINGER DRIVE  
City-State-Zip: BUFORD GA 30519

Title            TRUSTEE  
Name            DIAZ, PETER P. MD  
Address        492 STEHLE RD.  
City-State-Zip: LEESBURG FL 34748

**Continues on page 2**

*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: JERRY GANTT****PRESIDENT****04/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name DOEL, JAMES A  
Address 717 WEST POINT DR  
RR #5  
City-State-Zip: PERTH ON K7H 3C7

Title TRUSTEE  
Name WEST, ANTHONY M.  
Address 13427 NORTHSIDE RD  
City-State-Zip: BERRY AL 35546

Title DIRECTOR  
Name STOLZE, JAMES E.  
Address 9213 W. CAMINO DE ORO  
City-State-Zip: PEORIA AZ 85383

Title DIRECTOR  
Name LEIB, LAWRENCE J.  
Address 27971 ROLLCREST ROAD  
SUITE #9  
City-State-Zip: FARMINGTON HILL MI 48334

Title TRUSTEE  
Name POULIN, PAUL E.  
Address 26 CARRIE LYNN LANE  
City-State-Zip: YORK ME 03909

Title TRUSTEE  
Name PITTMAN, CHARLES D.  
Address 105 BRADSHAW RD  
City-State-Zip: HIAWASEE GA 30546

Title 1ST VICE PRESIDENT  
Name SMITH, JAMES R.  
Address 108 CHUCKWAGON TRAIL  
City-State-Zip: GEORGETOWN TX 78633

Title TRUSTEE  
Name STANAWAY, DONALD F. II  
Address 10480 SW MILLER COURT  
City-State-Zip: TUALATIN OR 97062

Title DIRECTOR  
Name HARTZ, MARK E  
Address 850 ELMHURST RD  
City-State-Zip: SEVERN MD 21144

Title DIRECTOR  
Name COSTELLO, KEVIN  
Address 700 ROUTE 32  
BOX 152  
City-State-Zip: TILLSON NY 12486