

2014 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 MAXWELL, DOUGLAS E
Address 15148 ISLEVIEW DRIVE
City-State-Zip: CHESTERFIELD MO 63017

Title 2ND VICE PRESIDENT
Name GANTT, JERRY G
Address 2929 BUFFALO SPEEDWAY, LAMAR
 #1603
City-State-Zip: HOUSTON 77098

Title TREASURER
Name MCCONNELL, JAMES L.
Address 3003 WALNUT STREET
City-State-Zip: GRAND FORKS ND 58201

Title DIRECTOR
Name BERGENSKE, GARY J.
Address 236 FLAME AVE.
City-State-Zip: MAITLAND FL 32751

Title 1ST VICE PRESIDENT
Name STAUSS, DALE W
Address 2514 AUGUSTA DRIVE
City-State-Zip: GRAND FORKS ND 58201

Title SECRETARY
Name SMITH, CHRISTOPHER L
Address 8733 GERMANTOWN ROAD
City-State-Zip: OLIVE BRANCH MS 38654

Title CHAIRMAN
Name CINOTTO, JOHN A.
Address 16868 OAK MANOR DR.
City-State-Zip: WESTFIELD IN 46074

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

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: DOUGLAS E. MAXWELL**PRESIDENT****04/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date