

2017 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 2929 BUFFALO SPEEDWAY
City-State-Zip: LAMAR TX 77098

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

Title 1ST VICE PRESIDENT
Name BERGENSKE, GARY L.
Address 236 FLAME AVENUE
City-State-Zip: MAITLAND FL 32751

Title DIRECTOR
Name BAILEY, WILLIAM S
Address 153 SHORE DRIVE
City-State-Zip: PORTAGE IN 46368

Title CHAIRMAN OF BD OF DIRECTORS
Name SMITH, CHRISTOPHER L
Address 8733 GERMANTOWN ROAD
City-State-Zip: OLIVE BRANCH MS 38654

Title 2ND VICE PRESIDENT
Name CAIN, JIM L SR.
Address 4569 WINFIELD DR.
City-State-Zip: NASHVILLE TN 37211

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

Title TRUSTEE
Name BEDE, B WILLIAM
Address 4141 N MADRONA WAY
City-State-Zip: TACOMA WA 98407

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 G. GANTT**PRESIDENT****04/12/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

Title DIRECTOR
Name JONES, JACK H.
Address 7069 KEY HAVEN RD.
APT. 305
City-State-Zip: SEMINOLE FL 33777

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 CAIN, JIM L. SR.
Address 4569 WINFIELD DRIVE
City-State-Zip: NASHVILLE TN 37211

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

Title TRUSTEE
Name WILLIAMS, RICHARD I.
Address 2457 SINCLAIR AVE NE
City-State-Zip: GRAND RAPIDS MI 49505

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

Title DIRECTOR
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