

2019 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 CHAIRMAN, BOARD OF DIRECTORS
Name CAIN, JIM L SR.
Address 4569 WINFIELD DR.
City-State-Zip: NASHVILLE TN 37211

Title 1ST VICE PRESIDENT
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 TREASURER
Name KOEHN, BRADLEY T.
Address 2833 SW JEWELL AVENUE
City-State-Zip: TOPEKA KS 66611

Title DIRECTORS
Name BERGENSKA, GARY L.
Address 236 FLAME AVENUE
City-State-Zip: MAITLAND FL 32751

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

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

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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****03/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title SECRETARY
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 RUDGE, RANDY E.
Address 8906 CITRUS VILLAGE DRIVE
UNIT 208
City-State-Zip: TAMPA FL 33626

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

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