

2021 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 2463 GATEWAY LANE
City-State-Zip: LINCOLN NC 28092

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

Title 1ST VICE PRESIDENT
Name BAILEY, WILLIAM S
Address 153 SHORE DRIVE
City-State-Zip: PORTAGE IN 46368

Title 2ND VICE PRESIDENT
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 DIRECTOR
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 DOEL, JAMES A
Address 717 WEST POINT DR
RR #5
City-State-Zip: PERTH ON K7H 3C7

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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****04/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title CHAIRMAN, BOARD OF DIRECTORS
Name SMITH, JAMES R.
Address 108 CHUCKWAGON TRAIL
City-State-Zip: GEORGETOWN TX 78633

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 DIRECTOR
Name BARTLETT, MARTIN L
Address 26723 SAGITARIUS
City-State-Zip: SAN ANTONIO TX 78260

Title TRUSTEE
Name STEWART, LESLIE D.
Address 4739 MALLARD LAKE COVE
City-State-Zip: COLLIEVILLE TN 38017

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 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

Title TRUSTEE
Name GUIDERA, KENNETH J.
Address 16308 ARMSTRONG PLACE
City-State-Zip: TAMPA FL 33647

Title DIRECTOR
Name STURLAUGSON, MATTHEW
Address 4519 4TH STREET W
City-State-Zip: WEST FARGO ND 58078