FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 11 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710095 (1)

1. Corporation Name
ALL CHILDREN'S HOSPITAL GUILD, INC.

Principal Place of Business	Mailing Address
800 FIFTH STREET S P.O. BOX 3142 ST PETERSBURG FL 33731	800 FIFTH STREET S P.O. BOX 3142 ST PETERSBURG FL 33731

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1965
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-6173263 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HORTON, J. LLOYD
800 FIFTH STREET S
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 4/20/95
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CED	11 TITLE	Chairman / CED	☑ Change ☐ Addition
NAME	ENGLE, LILLION	12 NAME	Lucie Campbell	
STREET ADDRESS	2220 B. BANCROFT CR. S.	13 STREET ADDRESS	847 San Carlos Ave NE	
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	St Petersburg FL 33703	
TITLE	CD	21 TITLE	Chairman Elect / CD	☑ Change ☐ Addition
NAME	LITTON, LOIS	22 NAME	Mildred Shaw	
STREET ADDRESS	12200,7TH ST. E.	23 STREET ADDRESS	19505 6th Street E	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	Treasure Island FL 33706	
TITLE	VCD	31 TITLE	Vice Chairman / VCD	☑ Change ☐ Addition
NAME	CAMPBELL, LUCIE	32 NAME	Fran Menendez	
STREET ADDRESS	847 SAN CARLOS AVE NE	33 STREET ADDRESS	19140 Gulf Blvd	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	Indian Shores, FL 34635	
TITLE	CSD	41 TITLE	Corresponding Secretary / CSD	☑ Change ☐ Addition
NAME	PITTMAN, RUTH	42 NAME	Margaret Olds Daly	
STREET ADDRESS	736-18TH AVE. NE	43 STREET ADDRESS	1976 Montana Ave, NE	
CITY-ST-ZIP	ST. PETERSBURG FL	44 CITY-ST-ZIP	St Petersburg, FL 33703	
TITLE	RSD	51 TITLE	Recording Secretary / RSD	☑ Change ☐ Addition
NAME	EMRICH, MARIA	52 NAME	Palmer Kennedy	
STREET ADDRESS	627 SNELL ISLE BLVD	53 STREET ADDRESS	1504 Northwood Drive	
CITY-ST-ZIP	ST. PETERSBURG FL	54 CITY-ST-ZIP	Clearwater, FL 34624	
TITLE	TRD	61 TITLE	Treasurer / TRD	☑ Change ☐ Addition
NAME	WITTEL, VIRGINIA	62 NAME	Lee L Given	
STREET ADDRESS	765-110TH AVE.	63 STREET ADDRESS	3600 Bayshore Blvd NE	
CITY-ST-ZIP	TREASURE ISLAND FL	64 CITY-ST-ZIP	St Petersburg FL 33703	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Lee L. Given 4/3/95 813 505 3303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Treasurer

0044508