FILE NOW: FILING FEE IS \$61.	.25
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NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 710095

(1)

ALL CHILDREN'S HOSPITAL GUILD, INC.  Principal Place of Business  800 FIFTH STREET S P.O. BOX 3142 ST PETERSBURG FL 33731  Mailing Address  800 FIFTH STREET S P.O. BOX 3142 ST PETERSBURG FL 33731					·	<del></del>						
										Oate of Last Report 05/01/1995		
2. Principal F	2. Principal Place of Business 2a. Mailing Address 26						4. FEI Number 59-6173263			Applied For Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.					5. Certificate of Status Desired	D.		5 Additional Required		
Oity & Sta		City & State					Election Campaign Financing     Trust Fund Contribution			00 May Be		
Zip <b>24</b>	Country 25	Zip <b>29</b>	30 Cou	intry			This corporation has liability for in Florida Statutes	tangible ta	x under s			
·	9. Name and Address of Curre	nt Registered Agent					10. Name and Address of New Re	gistered	Agent		┪	
HAREA	11 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			81	Name		·					
	N, J. LLOYD			82	Street	Addres	s (P.O. Box Number is Not Acceptable	<del></del>	<del></del>			
	TH STREET S											
SI. PEI	ERSBURG FL 33701			83								
				84	City				85 Z	ip Code		
11. Pursuant	to the provisions of Sections 617.0500	9 and 617 1500 Florida Cont.	- 11	l [				FL				
or registe	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori ith, and accept the obligations of, Sect	da. Such change was authorize	s, the abo d by the o	ove-n corpo	amed c pration's	orporati board	on submits this statement for the purp of directors. Thereby accept the appoi	ose of cha	nging its	registered offic	e	
	ith, and accept the obligations of, Sect	iion 617.0503, Florida Statutes.					is a separate of the officer	in in the dis	109/310/00	agent. Fam		
SIGNATURE	Signature, typed or printed name of registered agent	I and the decrease able ACCT	- October 1 mars				hen redst.eng"					
12.		ID DIRECTORS	13.	Agent	signature	respured w	ADDITIONS/CHANGES TO OFFIC	DATE SECS AND	DIDECT	ODD IN 16	<u>.</u>	
THTLE	CCEO	DELETE	1170	TLE		0.0	EQ -		Change	Addition	(12/95)	
NAME	CAMPBELL, LUCIE		12 N			- CC	isw. Mildred ,	C	△ Change	Montion		
STREET ADDRESS	847 SNA CARLOS AVE NE				ADDRESS	12	505 LAL Street	٤.			33	
CITY-ST-ZIP	ST PETERSBURG FL			TY-ST		100.	<b></b> \				IJ	
TITLE	CECD	DELETE	2170			70	CD - SIEVA	FC	Change	Addition	CR2E037	
NAME	SHAW, MILDRED		22 NA					•	onange	[_] Modified		
STREET ADDRESS	12505 6TH STREET E		2351	1			n Menendez					
CITY-ST-ZIP	Treasure Island FL		2 4 C			341	40 Gulf Blud Lian Shores, 34	. > =				
TITLE	VCVD	DELETE	3 1 TII		31 211 3		dian Shores, 34	محم	Change	Addition	$\dashv$	
NAME	MENENDEZ, FRAN		3 2 NA	ME				٥	_ or rainge	☐ Modition		
STREET ADDRESS	19140 GULF BLVD		3.3 \$1	REET A	DDRESS							
CITY - ST - ZIP	INDIAN SHORES FL		3 4 CI									
TITLE	CSD	DELETE	41 [1]			7.5	<i>3</i> .	Ī•	Change	Addition	-	
NAME	OLAFS-DALY, MARGARET		4 2 N/	AME		انگا	more kathy,	_	_ 0go	L. J Addition	1	
STREET ADDRESS	1976 MONTANZ AVE, NE		4 3 ST	REET A	ODRESS	1.00	2 River Road				Į	
CITY-ST-ZIP	ST PETERSBURG FL		4 4 CIT	Y-ST	- ZIP			4653				
TITLE	RSD	DELETE	5 1 11[	LE		77			Change	Addition	$\dashv$	
NAME	KUBANY, PATRICIA		5 2 NA	ΜE		_		_				
STREET ADORESS	1804 NORTHWOOD DRIVE		53\$1	REET A	DORESS	3-	on Lee L.  Bryshore Blue	3 W	•			
CITY-ST-ZIP	CLEARWATER FL		5.4 CIT	Y-ST-	ZIP	33	Detersburg FL:	~, /~ ~	~ ~			
TITLE	TRD	DELETE	6 1 TJT					<u> </u>	Change	Addition	1	
NAME	GIVEN, LEE L		6.2 NA	Mξ			)	_	•			
STREET ADDRESS	3500 BAYSHORE BLVD NE		6 3 STF	RÉET A	DORESS							
CITY-ST-ZIP	ST PETERSBURG FL		64 CIT	Y-ST-	ZIP							
14. I do herebj	y certify that the information supplied w	vith this filing is voluntarily furnish	red and c	nes	not aus	lify for th	ne exemption stated in Section 110.07	man Fire			-1	

14. Loo nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davis or Proper I