FILE NOW: FILING FEE IS $61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33731-3142

3. Date Incorporated or Qualified: 12/23/1965
3a. Date of Last Report: 04/24/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	☐ DELETE	1.1 TITLE	Chairman CCEO	☒ Change ☐ Addition
NAME	SHAW, MILDRED		1.2 NAME	Frances Menendez	
STREET ADDRESS	12505 6TH ST E		1.3 STREET ADDRESS	19140 Gulf Blvd.	
CITY-ST-ZIP	TREASURE ISLAND FL		1.4 CITY-ST-ZIP	~~Indian Shores, FL 34645~~	
TITLE	CECD	☐ DELETE	2.1 TITLE	Chairman Elect CECD	☒ Change ☐ Addition
NAME	FRAN MENENDEZ		2.2 NAME	Betty Rodriguez	
STREET ADDRESS	19140 GULF BLVD		2.3 STREET ADDRESS	7301 4th Ave. N	
CITY-ST-ZIP	INDIAN SHORES FL		2.4 CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	VCVD	☐ DELETE	3.1 TITLE	Recording Secretary RSD	☒ Change ☐ Addition
NAME	MENENDEZ, FRAN		3.2 NAME	Kathie Gilmore	
STREET ADDRESS	19140 GULF BLVD		3.3 STREET ADDRESS	6402 River Road	
CITY-ST-ZIP	INDIAN SHORES FL		3.4 CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	RSD	☐ DELETE	4.1 TITLE	Corresponding Secretary	☒ Change ☐ Addition
NAME	GILMORE, KATHY		4.2 NAME	Thelma Footman CSD	
STREET ADDRESS	6402 RIVER RD		4.3 STREET ADDRESS	2234 18th St. S.	
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE	TRD	☐ DELETE	5.1 TITLE	Treasurer TRD	☒ Change ☐ Addition
NAME	GIVEN, LEE L.		5.2 NAME	Lorraine De Lange	
STREET ADDRESS	3500 BAYSHORE BLVD NE		5.3 STREET ADDRESS	5920 80th St. N. #212	
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP	St. Petersburg, FL 33709	
TITLE	TRD	☐ DELETE	6.1 TITLE	Treasurer Elect TRED	☒ Change ☐ Addition
NAME	GIVEN, LEE L		6.2 NAME	Sandra Heintz	
STREET ADDRESS	3500 BAYSHORE BLVD NE		6.3 STREET ADDRESS	7191 Harbor View Ave.	
CITY-ST-ZIP	ST PETERSBURG FL		6.4 CITY-ST-ZIP	Seminole, FL 33776	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: _____ 813-541-4951