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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 12/23/1965

4. FEI Number: 59-6173263 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 777 Fourth Street S	26 777 Fourth Street S
Suite, Apt. #, etc. 22 PO Box 3142	Suite, Apt. #, etc. 27 PO Box 3142
City & State 23 St. Petersburg FL	City & State 28 St. Petersburg FL
Zip / Country 24 33701 / 25 Pinellas	Zip / Country 29 33731 / 30 Pinellas

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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	CCEO	☒ Change ☐ Addition
NAME	MENEDEZ, FRANCES		1.2 NAME	Betty Rodriguez	
STREET ADDRESS	19140 GULF BLVD		1.3 STREET ADDRESS	7301 Fourth Avenue N	
CITY-ST-ZIP	INDIAN SHORES FL		1.4 CITY-ST-ZIP	St. Petersburg FL 33710	
TITLE	CEOD	☒ DELETE	2.1 TITLE	CEOD	☒ Change ☐ Addition
NAME	RODRIGUEZ, BETTY		2.2 NAME	Diana Neely	
STREET ADDRESS	7301 4TH AVE N.		2.3 STREET ADDRESS	8767 Hershey Lane	
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP	Seminole FL 33777	
TITLE	RSD	☒ DELETE	3.1 TITLE	RSD	☒ Change ☐ Addition
NAME	GILMORE, KATHIE		3.2 NAME	Leigh Frith	
STREET ADDRESS	6402 RIVER ROAD		3.3 STREET ADDRESS	13653 Serena Drive	
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP	Largo FL 33774	
TITLE	CSD	☒ DELETE	4.1 TITLE	CSD	☒ Change ☐ Addition
NAME	FOOTMAN, THELMA		4.2 NAME	Abby Misemer	
STREET ADDRESS	2234 18TH ST S.		4.3 STREET ADDRESS	7328 Burns Point Circle	
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP	New Port Richey FL 34652	
TITLE	TRD	☒ DELETE	5.1 TITLE	TRD	☒ Change ☐ Addition
NAME	DELANGE, LORRAINE		5.2 NAME	Sandra Heintz	
STREET ADDRESS	5920 80TH ST N., #212		5.3 STREET ADDRESS	7191 Harbor View Ave	
CITY-ST-ZIP	ST PETERSBURG FL		5.4 CITY-ST-ZIP	Seminole FL 33776	
TITLE	TRED	☒ DELETE	6.1 TITLE	TRED	☒ Change ☐ Addition
NAME	HEINTZ, SANDRA		6.2 NAME	Barbara Clair	
STREET ADDRESS	7191 HARBOR VIEW AVE		6.3 STREET ADDRESS	13946 103rd Avenue N	
CITY-ST-ZIP	SEMINOLE FL		6.4 CITY-ST-ZIP	Largo FL 33774	

CR2E037 (10/97)

14. I 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: J Lloyd Horton (J Lloyd Horton) 1/28/98 813-892-4199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #