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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **710095**

1. Corporation Name

ALL CHILDREN'S HOSPITAL GUILD, INC.

Principal Place of Business	Mailing Address
777 4TH ST SOUTH P.O. BOX 3142 ST PETERSBURG FL 33701 US	777 4TH ST SOUTH P.O. BOX 3142 ST PETERSBURG FL 33731 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/23/1965
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6173263 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	RODRIGUEZ, BETTY		1.2 NAME	NEELY, DIANA	
STREET ADDRESS	7301 4TH AVE NORTH		1.3 STREET ADDRESS	8767 HERSHEY LANE	
CITY-ST-ZIP	ST PETERSBURG FL 33710		1.4 CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	CEOD	☐ DELETE	2.1 TITLE	CEOD	☒ Change ☐ Addition
NAME	NEELY, DIANA		2.2 NAME	LEE GIVEN	
STREET ADDRESS	8767 HERSHEY LN		2.3 STREET ADDRESS	3500 BAYSHORE BLVD NE	
CITY-ST-ZIP	SEMINOLE FL 33777		2.4 CITY-ST-ZIP	ST PETERSBURG FL 33703-5512	
TITLE	RSD	☐ DELETE	3.1 TITLE	RSD	☒ Change ☐ Addition
NAME	FRITH, LEIGH		3.2 NAME	SUSAN GREGORY	
STREET ADDRESS	13653 SERENA DR		3.3 STREET ADDRESS	7332 REGINA ROYALE	
CITY-ST-ZIP	LARGO FL 33774		3.4 CITY-ST-ZIP	SARASOTA FL 34238-4579	
TITLE	CSD	☐ DELETE	4.1 TITLE	CSD	☐ Change ☒ Addition
NAME	MISEMER, ABBY		4.2 NAME	LILLIAN ENGLE WASHABAU	
STREET ADDRESS	7328 BURNS POINT CIR		4.3 STREET ADDRESS	1148 RUSTLEWOOD COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		4.4 CITY-ST-ZIP	PALM HARBOR FL 34684-2847	
TITLE	TRD	☐ DELETE	5.1 TITLE	TRD	☐ Change ☒ Addition
NAME	HEINTZ, SANDRA		5.2 NAME	ANNE MICHAEL	
STREET ADDRESS	7191 HARBOR VIEW AVE		5.3 STREET ADDRESS	201 OLD MILL POND ROAD	
CITY-ST-ZIP	SEMINOLE FL 33776		5.4 CITY-ST-ZIP	PALM HARBOR FL 34683-1714	
TITLE	TRED	☐ DELETE	6.1 TITLE	TRED	☒ Change ☐ Addition
NAME	CLAIR, BARBARA		6.2 NAME	SUSAN KACE	
STREET ADDRESS	13946 103RD AVE NORTH		6.3 STREET ADDRESS	PO BOX 17158	
CITY-ST-ZIP	LARGO FL 33774		6.4 CITY-ST-ZIP	CLEARWATER FL 33762	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/15/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #