

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90343 043 *****70.00

DOCUMENT # 710095 1. Entity Name ALL CHILDREN'S HOSPITAL GUILD, INC.			
Principal Place of Business 777 4TH ST SOUTH P.O. BOX 3142 ST PETERSBURG, FL 33701 US		Mailing Address 777 4TH ST SOUTH P.O. BOX 3142 ST PETERSBURG, FL 33701 US	
2. Principal Place of Business 500 Seventh Ave. South		3. Mailing Address P.O. Box 3142	
Suite, Apt. #, etc. 6TH Floor		Suite, Apt. #, etc. 500 Seventh Ave South	
City & State St. Petersburg, FL		City & State St. Petersburg, FL	
Zip 33701		Zip 33731-3142	
Country Pinellas		Country Pinellas	
4. FEI Number 59-6173263		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOMBERG, JOEL D 777 4TH ST SOUTH 3RD FLOOR ST. PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name Joel D. Momberg Street Address (P.O. Box Number Is Not Acceptable) 500 Seventh Avenue South 6TH Floor City St. Petersburg FL Zip Code 33701	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u><i>Andrea G. Moss, Treasurer</i></u> Signature, typed or printed name of registered agent and title if applicable.		DATE <u><i>4/5/04</i></u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO YOUNG, MARY 330 N. BATHCLUB BLVD. NORTH REDINGTON BEACH, FL 337081528	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Council Chairman ☒ Change ☐ Addition MAGGIE EYNATTEN 507 PLAZA Seville COURT, #16 TREASURE ISLAND, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO YOUNG, MARY 330 NORHT BATHCLUB BLVD. NORTH REDINGTON BEACH, FL 337081528	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN Elect ☒ Change ☐ Addition ASA C. MYERS 12959 FARMINGTON TRAIL SEMINOLE, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RSD MILLER, GAIL 14156 84TH TERRACE NORTH SEMINOLE, FL 337762823	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Recording Secretary ☒ Change ☐ Addition CLAUDIA ROBERTS 425 CARI BLVD. TREASURE ISLAND, FL 33706-1228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRED MOSS, SANDY 2972 EAST VINA DEL MAR BLVD. ST PETERSBURG BEACH, FL 337062727	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ☒ Change ☐ Addition SANDRA A. MOSS 2972 E. VINA DEL MAR BLVD ST. PETE BEACH, FL 33706-2727
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD DELANGE, LORRAINE 5920 80TH STREET NORTH #212 ST PETERSBURG, FL 337097035	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER-elect ☒ Change ☐ Addition KAREN Seidler 2090 IOWA AVE. N.E. ST. PETERSBURG, FL 33703-3428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD HOWELLS, PAT 8943 WICKER LANE NEW PORT RICHEY, FL 346545015	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>Andrea G. Moss, Treasurer</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u><i>4/5/04</i></u> Date Daytime Phone #	

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