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

02292004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business: 500 Seventh Ave. South
Suite, Apt. #, etc.: 6th Floor
City & State: St. Petersburg, Fl
Zip: 33701 Country: Pinellas

3. Mailing Address: P.O. Box 3142
Suite, Apt. #, etc.: 500 Seventh Ave South
City & State: St. Petersburg, Fl
Zip: 33731-3142 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: Sandra A. Moss, Treasurer — 4/5/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CCEO ☒ Delete	TITLE	Council Chairman ☒ Change ☐ Addition
NAME	YOUNG, MARY	NAME	Maggie Eynatten
STREET ADDRESS	330 N. BATHCLUB BLVD.	STREET ADDRESS	507 Plaza Seville Court, #16
CITY-ST-ZIP	NORTH REDINGTON BEACH, FL 337081528	CITY-ST-ZIP	Treasure Island, Fl 33706
TITLE	CEOD ☒ Delete	TITLE	Chairman-Elect ☒ Change ☐ Addition
NAME	YOUNG, MARY	NAME	Asa C. Myers
STREET ADDRESS	330 NORHT BATHCLUB BLVD.	STREET ADDRESS	12959 Farmington Trail
CITY-ST-ZIP	NORTH REDINGTON BEACH, FL 337081528	CITY-ST-ZIP	Seminole, Fl 33706
TITLE	RSD ☒ Delete	TITLE	Recording Secretary ☒ Change ☐ Addition
NAME	MILLER, GAIL	NAME	Claudia Roberts
STREET ADDRESS	14156 84TH TERRACE NORTH	STREET ADDRESS	425 Capri Blvd.
CITY-ST-ZIP	SEMINOLE, FL 337762823	CITY-ST-ZIP	Treasure Island, Fl 33706-1228
TITLE	TRED ☒ Delete	TITLE	Treasurer ☒ Change ☐ Addition
NAME	MOSS, SANDY	NAME	Sandra A. Moss
STREET ADDRESS	2972 EAST VINA DEL MAR BLVD.	STREET ADDRESS	2972 E. Vina Del Mar Blvd
CITY-ST-ZIP	ST PETERSBURG BEACH, FL 337062727	CITY-ST-ZIP	St. Pete Beach, Fl 33706-2727
TITLE	CSD ☒ Delete	TITLE	Treasurer-elect ☒ Change ☐ Addition
NAME	DELANGE, LORRAINE	NAME	Karen Seidler
STREET ADDRESS	5920 80TH STREET NORTH #212	STREET ADDRESS	2090 Iowa Ave. N.E.
CITY-ST-ZIP	ST PETERSBURG, FL 337097035	CITY-ST-ZIP	St. Petersburg, Fl 33703-3428
TITLE	TRD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	HOWELLS, PAT	NAME	
STREET ADDRESS	8943 WICKER LANE	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 346545015	CITY-ST-ZIP	

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: Sandra A. Moss, Treasurer — 4/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #