

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # 710095 1. Entity Name ALL CHILDREN'S HOSPITAL GUILD, INC.					
Principal Place of Business 500 SEVENTH AVE., S 6TH FLOOR SAINT PETERSBURG, FL 33701 US			Mailing Address P.O. BOX 3142 500 SEVENTH AVE., S SAINT PETERSBURG, FL 33731 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number 59-6173263
6. Name and Address of Current Registered Agent MOMBERE, JOEL D 500 SEVENTH AVE., S SAINT PETERSBURG, FL 33701				7. Name and Address of New Registered Agent Name <u>Wendy Wood</u> Street Address (P.O. Box Number is Not Acceptable) <u>500 7th Ave S</u> City <u>St. Petersburg</u> FL Zip Code <u>33701</u>	
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>Wendy Wood</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				12/1/06 <small>DATE</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2007, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RS LAZO, ERIN 13441 PURPLE FINCH CIR BRADENTON, FL 34202		TITLE NAME STREET ADDRESS CITY - ST - ZIP	800083983828 01/11/07--01005--006 **236.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CC MYERS, ASA C 12959 FARMINGTON TRAIL SAINT PETERSBURG, FL 33706		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MOSS, SANDRA A 2972 E. VINA DEL MAR BLVD SAINT PETERSBURG, FL 33706		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TE WOOD, WINDY 14051 POINT ANNE DR ODESSA, FL 33556		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CE GIVEN, LEE 3704 FOSTER HILL DRIVE SAINT PETERSBURG, FL 33704		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete		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 exemptions contained in Chapter 119, 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>Wendy Wood</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	

K. Eckel JAN 03 2007