

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 710095

FILED  
Oct 18, 2007  
Secretary of State

**Entity Name:** ALL CHILDREN'S HOSPITAL GUILD, INC.

**Current Principal Place of Business:**

500 SEVENTH AVE., S  
6TH FLOOR  
SAINT PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3142  
500 SEVENTH AVE., S  
SAINT PETERSBURG, FL 33731 US

**New Mailing Address:**

**FEI Number:** 59-6173263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WOOD, WENDY  
500 7TH AVE. S  
SAINT PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

SANGO, ANDREA  
500 7TH AVE. S  
SAINT PETERSBURG, FL 33701 US

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.

SIGNATURE: ANDREA SANGO

10/18/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: RS ( ) Delete  
Name: LAZO, ERIN  
Address: 13441 PURPLE FINCH CIR  
City-St-Zip: BRADENTON, FL 34202

Title: CC ( ) Delete  
Name: MYERS, ASA C  
Address: 12959 FARMINGTON TRAIL  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: T ( ) Delete  
Name: MOSS, SANDRA A  
Address: 2972 E. VINA DEL MAR BLVD  
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: TE ( ) Delete  
Name: WOOD, WINDY  
Address: 14051 POINT ANNE DR  
City-St-Zip: ODESSA, FL 33556

Title: CE ( ) Delete  
Name: GIVEN, LEE  
Address: 3704 FOSTER HILL DRIVE  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CC (X) Change ( ) Addition  
Name: MOSS, SANDY  
Address: 2972 E VINA DEL MAR BLVD  
City-St-Zip: ST. PETE BEACH, FL 33706

Title: CE (X) Change ( ) Addition  
Name: WOOD, WENDY  
Address: 14051 POINT ANNE DR  
City-St-Zip: ODESSA, FL 33556

Title: T (X) Change ( ) Addition  
Name: OSBURN, AVRIL  
Address: 855 FOUNTAIN HEAD DR  
City-St-Zip: LARGO, FL 33770

Title: TE (X) Change ( ) Addition  
Name: BOYD, LYNN  
Address: 6493 TAEDA DR  
City-St-Zip: SARASOTA, FL 34241

Title: RS (X) Change ( ) Addition  
Name: ROBERTS, CLAUDIA  
Address: 425 CAPRI BLVD  
City-St-Zip: TREASURE ISLAND, FL 33706

Title: CS ( ) Change (X) Addition  
Name: HAMILTON, NANCY  
Address: 6099 OAKHURST DR  
City-St-Zip: SEMINOLE, FL 3372

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILD LIAISON

AS

10/18/2007

Electronic Signature of Signing Officer or Director

Date