

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710095

FILED  
Jul 09, 2008  
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:**

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

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

OSBURN, AVRIL  
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: AVRIL OSBURN

07/09/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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

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

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

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

Title: TE (X) Change ( ) Addition  
Name: GREENE, JENNIFER  
Address: 8461 125TH COURT  
City-St-Zip: SEMINOLE, FL 33776

Title: RS (X) Change ( ) Addition  
Name: WEGENER, SUE  
Address: 2649 EAGLES CREST CT  
City-St-Zip: HOLIDAY, FL 34691

Title: CS (X) Change ( ) Addition  
Name: YOUNG, MARY  
Address: 12344 OAKS LANE  
City-St-Zip: SEMINOLE, FL 33772

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: AVRIL OSBURN

MGR

07/09/2008

Electronic Signature of Signing Officer or Director

Date