

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710095

FILED
Jun 22, 2010
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 ()**

Name and Address of Current Registered Agent:

OSBURN, AVRIL
500 7TH AVE. S
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CC
Name: WOOD, WENDY
Address: 14051 POINT ANNE DR
City-St-Zip: ODESSA, FL 33556

Title: CE
Name: ROBERTS, CLAUDIA
Address: 425 CAPRI BLVD
City-St-Zip: TREASURE ISLAND, FL 33706

Title: T
Name: BOYD, LYNN
Address: 6493 TAEDA DR
City-St-Zip: SARASOTA, FL 34241

Title: TE
Name: GREENE, JENNIFER
Address: 8461 125TH COURT
City-St-Zip: SEMINOLE, FL 33776

Title: RS
Name: WEGENER, SUE
Address: 2649 EAGLES CREST CT
City-St-Zip: HOLIDAY, FL 34691

Title: CS
Name: YOUNG, MARY
Address: 12344 OAKS LANE
City-St-Zip: SEMINOLE, FL 33772

I hereby 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 all other like empowered.

SIGNATURE: WENDY WOOD

CC

06/22/2010

Electronic Signature of Signing Officer or Director

Date