

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 22, 2010**  
**Secretary of State**

DOCUMENT# 710095

**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:** RUSSELL, CAROL  
**Address:** 500 SEVENTH AVE. S.  
**City-St-Zip:** ST. PETERSBURG, FL 33701**Title:** CE  
**Name:** ALBANO, PEGGY  
**Address:** 500 SEVENTH AVE. S.  
**City-St-Zip:** ST. PETERSBURG, FL 33701**Title:** T  
**Name:** GREENE, JENNIFER  
**Address:** 500 SEVENTH AVE. S.  
**City-St-Zip:** ST. PETERSBURG, FL 33701**Title:** TE  
**Name:** LANDA, LYDIA  
**Address:** 500 SEVENTH AVE. S.  
**City-St-Zip:** ST. PETERSBURG, FL 33701**Title:** RS  
**Name:** LAGRANDE, MINDY  
**Address:** 500 SEVENTH AVE. S.  
**City-St-Zip:** ST. PETERSBURG, FL 33701**Title:** CS  
**Name:** ROBERTS, CLAUDIA  
**Address:** 500 SEVENTH AVE. S.  
**City-St-Zip:** ST. PETERSBURG, FL 33701

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: CAROL RUSSELL

CC

09/22/2010

Electronic Signature of Signing Officer or Director

Date