FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 1:43

DOCUMENT # 718695 (0)

1. Corporation Name

TARPON SPRINGS HOSPITAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
1395 SOUTH PINELLAS AVENUE PO BOX 1487 TARPON SPRINGS FL 34688-8487	1395 SOUTH PINELLAS AVENUE PO BOX 1487 TARPON SPRINGS FL 34689-1487 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1970	3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-0898901	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KIEFER, JOSEPH N.
1412 SUNSET ROAD
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☐ Change ☒ Addition
NAME	CLEMENT, WILLIAM J	1.2 NAME	VINSON, DANIEL B.
STREET ADDRESS	1151 LANCER LANE WEST	1.3 STREET ADDRESS	456 EAST TARPON AVE
CITY-ST-ZIP	TARPON SPRINGS FL	1.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D	2.1 TITLE	D ☐ Change ☒ Addition
NAME	ROARK, T TRENT	2.2 NAME	LEE, CLOY B.
STREET ADDRESS	3926 ORCHARD HILL CIR	2.3 STREET ADDRESS	4533 MARINE PARKWAY, #103
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	STD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	GARNER, LESTER	3.2 NAME	GARNER, LESTER
STREET ADDRESS	504 HILLCREST AVENUE	3.3 STREET ADDRESS	504 HILLCREST AVE
CITY-ST-ZIP	TARPON SPRINGS, FL 00000	3.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	VD	4.1 TITLE	PD ☒ Change ☐ Addition
NAME	GIULIANI, JOSEPH	4.2 NAME	GIULIANI, JOSEPH, JR.
STREET ADDRESS	482 RIVERSIDE DR	4.3 STREET ADDRESS	482 RIVERSIDE DR
CITY-ST-ZIP	TARPON SPRINGS, FL 00000	4.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	D	5.1 TITLE	STD ☐ Change ☒ Addition
NAME	HERMAN, BURRUSS C	5.2 NAME	SPENLAU, RONALD
STREET ADDRESS	135 WHITCOMB BLVD.	5.3 STREET ADDRESS	1420 SUNSET RD
CITY-ST-ZIP	TARPON SPRINGS, FL 00000	5.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	PD	6.1 TITLE	D ☒ Change ☐ Addition
NAME	ADAMS, ADAM E.	6.2 NAME	ADAMS, ADAM E.
STREET ADDRESS	4620 SHEFFIELD DR	6.3 STREET ADDRESS	4620 SHEFFIELD DR
CITY-ST-ZIP	NEW PORT RICHEY FL	6.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph N Kiefer JOSEPH N. KIEFER 1/20/95 (813)942-5020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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TARPON SPRINGS HOSPITAL FOUNDATION, INC.

ADDITIONAL DIRECTORS:

Joseph N. Kiefer
1412 Sunset Road
Tarpon Springs, FL 34689

Joseph Lisciandro
3520 Beacon Square Drive
Holiday, FL 34690

Hugh A. Rutledge, M.D.
34637 U.S. Highway 19 North
Palm Harbor, FL 34684

1/20/94