2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# 718695

Entity Name: TARPON SPRINGS HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 59-0898901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, DONALD
1395 SOUTH PINELLAS AVENUE
TARPON SPRINGS, FL 34689 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: CD ( ) Delete
Name: KOUSKOUTIS, MICHAEL ESQ
Address: 1395 SOUTH PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: VCD ( ) Delete
Name: BRYANT, ALMA PH D
Address: 1395 SOUTH PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: TD ( ) Delete
Name: SELLEW, ROGER F
Address: 1395 SOUTH PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: SD ( ) Delete
Name: BUTCHER, JACK
Address: 1395 SOUTH PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D ( ) Delete
Name: STEIN, NORM
Address: 3100 EAST FLETCHER AVENUE
City-St-Zip: TAMPA, FL 33613 US

Title: D ( ) Delete
Name: PARKER, THADDEUS C IV
Address: 1395 SOUTH PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DONALD EVANS   RA   04/21/2008
Electronic Signature of Signing Officer or Director   Date