

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718695

FILED
Mar 17, 2011
Secretary of State

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:

BROMME, JEFF
111 N ORLANDO AVE
WINTER PARK, FL 32789 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: VCD
Name: KOUSKOUTIS, MICHAEL ESQ
Address: 1395 SOUTH PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: D
Name: CARSON, THOMAS MD
Address: 1259 SOUTH PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

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

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

Title: PC
Name: SCHULTZ, MICHAEL
Address: 2400 BEDFORD ROAD
City-St-Zip: ORLANDO, FL 32803

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

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: MICHAEL SCHULTZ

PC

03/17/2011

Electronic Signature of Signing Officer or Director

Date