

FILE-NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741688 (6)

1. Corporation Name

WOMEN'S HOSPITAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

% J. BOB HUMPHRIES, ESQ.
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

% J. BOB HUMPHRIES, ESQ.
501 E. KENNEDY BLVD., SUITE 1700
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1978

3a. Date of Last Report

05/02/1994

4. FEI Number

59-1824421

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 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOGGS, E. JACKSON
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602

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

Signature (Type or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

NAME

MEZRAH, JACK

STREET ADDRESS

2708 AZEELE

CITY, ST, ZIP

TAMPA FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

TITLE

SD

NAME

BOGGS, E. JACKSON

STREET ADDRESS

501 E KENNEDY BLVD #1700

CITY, ST, ZIP

TAMPA FL

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

TITLE

AT

NAME

HUMPHRIES, J. BOB

STREET ADDRESS

501 E. KENNEDY BLVD#1700

CITY, ST, ZIP

TAMPA FL

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

TITLE

D

NAME

SAPHIER, ALBERT L.

STREET ADDRESS

2708 AZEELE

CITY, ST, ZIP

TAMPA FL

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

TITLE

D

NAME

YELVERTON, ROBERT W.

STREET ADDRESS

2727 W. BUFFALO

CITY, ST, ZIP

TAMPA FL

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

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)(k), Florida Statutes. I further certify that the information indicated in 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:

Bob Humphries, Assistant Treasurer

4/27/95

(813) 222-1173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature 14 Form 8