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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 33602-4988

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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, JACKSON E  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE SD  
NAME BOGGS, JACKSON E  
STREET ADDRESS 501 E KENNEDY BLVD #1700  
CITY-ST-ZIP TAMPA FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE AT  
NAME HUMPHRIES, BOB J  
STREET ADDRESS 501 E. KENNEDY BLVD#1700  
CITY-ST-ZIP TAMPA FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  
NAME SAPHIER, ALBERT L  
STREET ADDRESS 2708 AZEELE  
CITY-ST-ZIP TAMPA FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME YELVERTON, ROBERT W  
STREET ADDRESS 2727 W. BUFFALO  
CITY-ST-ZIP TAMPA FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

J. Bob Humphries, Assistant Treasurer

4/24/97

(813) 222-1173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046973

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