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 MAR 24 PM 2:33

DOCUMENT # 821162 (5)

1. Corporation Name

SHRINERS' HOSPITALS FOR CRIPPLED CHILDREN

Principal Place of Business	Mailing Address
2900 ROCKY POINT ROAD TAMPA FL 33607	2900 ROCKY POINT ROAD TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1968
3a. Date of Last Report: 03/07/1994
4. FEI Number: 36-2193608 ☐ 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 2900 Rocky Point Drive	26 2900 Rocky Point Drive
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	T	1.1 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, WEBBER C	1.2 NAME	
STREET ADDRESS	2700 1ST NATL BANK TOWER	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND, OREGON 97201	1.4 CITY-ST-ZIP	
TITLE	~~S~~	2.1 TITLE	S ☒ Change ☐ Addition
NAME	~~VERMAAS, JOHN D.~~	2.2 NAME	Brantley, Lewis B.
STREET ADDRESS	~~10001 S. 2ND STREET~~	2.3 STREET ADDRESS	4435 Ortega Farms Circle
CITY-ST-ZIP	~~ROCA NE~~	2.4 CITY-ST-ZIP	Jacksonville, Florida 32210
TITLE	~~V~~	3.1 TITLE	V ☒ Change ☐ Addition
NAME	~~RAVELLETTE, BURTON E.~~	3.2 NAME	Bailey, Robert B.
STREET ADDRESS	~~1708 WEST 34TH AVENUE~~	3.3 STREET ADDRESS	132 Shore Drive, Ogden Dunes
CITY-ST-ZIP	~~PINE BLUFF AR~~	3.4 CITY-ST-ZIP	Portage, Indiana 46368
TITLE	P	4.1 TITLE	☒ Change ☐ Addition
NAME	BRACEWELL, GENE	4.2 NAME	
STREET ADDRESS	840 SELIG DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~ATLANTA GA~~	4.4 CITY-ST-ZIP	Atlanta, Georgia 30336
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	NOBLES, JOHN C.	5.2 NAME	
STREET ADDRESS	5203 WIMBLEDON WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~EL PASO TX~~	5.4 CITY-ST-ZIP	El Paso, Texas 79932
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	~~BRANTLEY, LEWIS B~~	6.2 NAME	Semb, Ralph W.
STREET ADDRESS	~~4435 ORTEGA FARMS CIR.~~	6.3 STREET ADDRESS	66 French King Highway
CITY-ST-ZIP	~~JACKSONVILLE FL~~	6.4 CITY-ST-ZIP	Millers Falls, Massachusetts 01349

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: _____ Gene Bracewell, President 3/21/95 (813)281-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Telephone Number