

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 821162 (5)
1. Corporation Name

SHRINERS' HOSPITALS FOR CRIPPLED CHILDREN

Principal Place of Business
**2900 Rocky Point Drive
Tampa, Florida 33607**

Mailing Address
**P.O. Box 31356
Tampa, Florida 33631-3356**

3. Date Incorporated or Qualified
02/12/1968

3a. Date of Last Report
03/21/95

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

36-2193608

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FLORIDA 33324**

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

TITLE ☐ DELETE

NAME **President**
Gene Bracewell
STREET ADDRESS **840 Selig Drive**
CITY - ST - ZIP **Atlanta, Georgia 30336**

TITLE ☐ DELETE

NAME **Vice President**
John D. VerMaas
STREET ADDRESS **10001 S. 27th Street**
CITY - ST - ZIP **Roca, Nebraska 68430**

TITLE ☐ DELETE

NAME **Treasurer**
Webber C. Harrington
STREET ADDRESS **2700 First Interstate Tower**
CITY - ST - ZIP **Portland, Oregon 97201**

TITLE ☐ DELETE

NAME **Secretary**
John C. Nobles
STREET ADDRESS **5203 Wimbledon Way**
CITY - ST - ZIP **El Paso, Texas 79932**

TITLE ☐ DELETE

NAME **Director**
Ralph W. Semb
STREET ADDRESS **66 French King Highway**
CITY - ST - ZIP **Millers Falls, Massachusetts 01349**

TITLE ☐ DELETE

NAME **Director**
Robert N. Turnipseed
STREET ADDRESS **8191 Loch Haven Drive**
CITY - ST - ZIP **Hayden Lake, Idaho 83835**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene Bracewell, President 5/29/96 (813)281-0300

Date:

Daytime Phone #

CR2E037 (12/95)