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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **821162** (5)

1. Corporation Name

SHRINERS HOSPITALS FOR CHILDREN, INC.

Principal Place of Business

Mailing Address

**2900 ROCKY POINT DRIVE
TAMPA FL 33607
US**

**P.O. BOX 31356
TAMPA FL 33631-3356**



3. Date Incorporated or Qualified

02/12/1968

4. FEI Number

36-2193608

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 FL 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	T	<input checked="" type="checkbox"/> DELETE
NAME	HARRINGTON, WEBBER C-	
STREET ADDRESS	2700 1ST NATL BANK TOWER-	
CITY-ST-ZIP	PORTLAND, OREGON 97201	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TURNIPSEED, ROBERT N-	
STREET ADDRESS	8191 LOCH HAVEN DR-	
CITY-ST-ZIP	HAYDEN LAKE ID 83835	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BRANTLEY, LEWIS B-	
STREET ADDRESS	4435 ORTEGA FARMS CR-	
CITY-ST-ZIP	JACKSONVILLE FL	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, EVERETT M-	
STREET ADDRESS	PO BOX 1396	
CITY-ST-ZIP	TYLER TX	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SEMB, RALPH W-	
STREET ADDRESS	PO BOX 99	
CITY-ST-ZIP	ERVING MA	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, KENNETH W	
STREET ADDRESS	1115 EYRE MOUNT DR	
CITY-ST-ZIP	WEST VANCOUVER BC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRACEWELL, GENE	
1.3 STREET ADDRESS	P. O. Box 43106(N/A)	
1.4 CITY-ST-ZIP	Atlanta, Georgia 30378	

2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VerMAAS, JOHN D.	
2.3 STREET ADDRESS	10001 S. 27th Street	
2.4 CITY-ST-ZIP	Roca, Nebraska 68430	

3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NOBLES, JOHN C.	
3.3 STREET ADDRESS	5203 Wimbledon Way	
3.4 CITY-ST-ZIP	El Paso, Texas 79932	

4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TURNIPSEED, ROBERT N.	
4.3 STREET ADDRESS	8191 Loch Haven Drive	
4.4 CITY-ST-ZIP	Hayden Lake, Idaho 83835	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CLAYPOOL, CHARLES, A.	
5.3 STREET ADDRESS	3341 Beaumonde Lane	
5.4 CITY-ST-ZIP	Dayton, Ohio 45409	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *John D. VerMaas* John D. VerMaas, President 1/21/98 (813)281-0300

CR2E037 (10/97)