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**Mar 01, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 821162**

1. Corporation Name

**SHRINERS HOSPITALS FOR CHILDREN, INC.**

Principal Place of Business  
2900 ROCKY POINT DRIVE  
TAMPA FL 33607  
US

Mailing Address  
P.O. BOX 31356  
TAMPA FL 33631-3356



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/12/1968

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

36-2193608

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24

25

29

30

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE

NAME  
BRACEWELL, GENE  
STREET ADDRESS  
PO BOX 43106 N/A  
CITY-ST-ZIP  
ATLANTA GA 30378

1.1 TITLE ☐ Change ☐ Addition

P ☐ DELETE

NAME  
VERMAAS, JOHN D  
STREET ADDRESS  
10001 S 27TH ST  
CITY-ST-ZIP  
ROCA NE 68430

2.1 TITLE ☐ Change ☐ Addition

VP ☒ DELETE

NAME  
NOBLES, JOHN C  
STREET ADDRESS  
6203 WIMBLEDON WAY  
CITY-ST-ZIP  
EL PASO TX 79932

3.1 TITLE ☒ Change ☐ Addition

S ☒ DELETE

NAME  
TURNIPSEED, ROBERT N  
STREET ADDRESS  
8101 LOCH HAVEN DR  
CITY-ST-ZIP  
HYDEN LAKE ID 83835

4.1 TITLE ☒ Change ☐ Addition

D ☐ DELETE

NAME  
CLAYPOOL, CHARLES A  
STREET ADDRESS  
3341 BEAUMONDE LANE  
CITY-ST-ZIP  
DAYTON OH 45409

5.1 TITLE ☐ Change ☐ Addition

D ☒ DELETE

NAME  
SMITH, KENNETH W  
STREET ADDRESS  
1115 EYRE MOUNT DR  
CITY-ST-ZIP  
WEST VANCOUVER BC

6.1 TITLE ☒ Change ☐ Addition

NAME  
OJEN, M. BURTON  
STREET ADDRESS  
650 NORTH HAWES ROAD, #1100  
CITY-ST-ZIP  
MESA, ARIZONA 85207

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, with all other like empowered.

SIGNATURE:

*John D. Vermaas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Vermaas, President 1/22/99

(812)281-0300

Date

Daytime Phone #

CR2E037 (11/98)