

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90067 047 ****61.25

DOCUMENT # 821162

1. Entity 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**

24002354



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
36-2193608

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BRACEWELL, GENE
1015 THIMBLEGATE CT
ALPHARETTA, GA 30022** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
VERMAAS, JOHN D
10001 S 27TH ST
ROCA, NE 68430** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
OJEN, M. BURTON
7832 EAST EBOLA AVE
MESA, AZ 85208** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DUNWOODY, GARY W
6600 ALLIED WAY
LITTLE ROCK, AR 72209** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEMIEUX, BERNARD J MD
649 W FRONT ST
PERRYSBURG, OH 92335** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMAS, NICHOLAS
8559 MANGO AVE
FONTANA, CA 92335** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Semb, Ralph W.
66 French King Highway
Erving, MA 01344** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Frevel, Sr, Raoul L.
4507 Harford Road
Baltimore, MD 21214** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Maxwell, Douglas E.
15148 Islevew Drive
Chesterfield, MO 63017** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Thomas, Nicholas
8559 Mango Avenue
Fontana, CA 92335-7802** ☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ralph W. Semb

Ralph W. Semb, President

January 16, 2004 (813) 281-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #