## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

## **DOCUMENT #821162**

1. Entity Name



**FILED** Apr 26, 2006 8:00 am Secretary of State

04-26-2006 90189 034 \*\*\*\*61.25

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 33631-3				X 31356			- 1 10 10 1 10 10 10 10 10 10 10 10 10 10	110 OL 11 <b>0</b> DI 11810 OLI10 31	91 81811 81814 8181	H 018H 018H 018H	NETO GLI NANE
2. Principal Place of Business 3. Mailir			3. Mailing	Mailing Address							
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			04062006	Chg-NP	CR2E03	7 (11/05)	
City & State			City 8	City & State			4. FEI Numbe 36-219				plied For t Applicable
Žip	Country		Zip	Zip Cou			5. Certificate of Status Desired				
	6. Name	and Address of Current	Registered /	\gent			7. Name and	Address of New	Registered A	\gent	
CT COPP	ODATION	CVCTEM			Name						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL. 33324					Street	Address (	P.O. Box Numbe	er is Not Acceptab	le)		
					City				FL	Zip Code	e
	named entit	y submits this statement fo tered agent.	or the purpose	e of changing its re	gistered office	or register	ed agent, or bot	th, in the State of F	lorida. I am f	familiar with,	and accept
SIGNATURE .	Sloveture typed	or printed name of registered agent	and title if soplice	ble. (NOTE: R	legistered Agent signs	ature recuired	Lucture resinctations		DATE		
	0.0 m.o.o, ()poo						, w (On				
	filing Fe	e is \$61.25 flay 1, 2006		9. Election Camp Trust Fund Cor	aign Financing		\$5.00 May B Added to Fees	•	Make check orida Depart		
10.	filing Fe	e is \$61.25		9. Election Camp	aign Financing		\$5.00 May B Added to Fees	•	orida Depart	tment of St	tate
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a manay carry man be miscreamed supplied with this higher does not quality for the exemptions contained in Chapter 119, 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 eath; 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, President, April 24, GHATÜRE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR