

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005629

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** AKRON CHILDREN'S HOSPITAL FOUNDATION, INC.

**Current Principal Place of Business:**

ONE PERKINS SQUARE  
AKRON, OH 443081062

**New Principal Place of Business:**

**Current Mailing Address:**

ONE PERKINS SQUARE  
AKRON, OH 443081062

**New Mailing Address:**

**FEI Number:** 23-7114013

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MR ( ) Delete  
Name: PHIL, MAYNARD  
Address: 3327 GILCHRIST ROAD 2ND FLOOR  
City-St-Zip: MOGADORE, OH 44260

Title: SD ( ) Delete  
Name: SARKIS, GEORGE  
Address: 466 ELY ROAD  
City-St-Zip: AKRON, OH 44313

Title: TD ( ) Delete  
Name: WOOLDREDGE, WILLIAM  
Address: 100 COLLEGE STREET  
City-St-Zip: HUDSON, OH 44236

Title: D ( ) Delete  
Name: BERRY, JAMES P  
Address: 1271 BRIARHILL SPUR  
City-St-Zip: AKRON, OH 44313

Title: D ( ) Delete  
Name: BRIGGS, ADAM  
Address: 12900 LAKE AVENUE  
City-St-Zip: LAKEWOOD, OH 441071577

Title: MR. ( ) Delete  
Name: ZOILO, JOHN D  
Address: ONE PERKINS SQUARE  
City-St-Zip: AKRON, OH 44308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN ZOILO

MR.

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date