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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N15254

(8)

MAKE-A-WISH	<b>FOUNDATION</b>	OF	SARASOTA/TAMPA BA	٩Y,	IN
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C.	A WIGHT COMPATION OF S					
Principal Place	of Business	Mailing Address		F INGELINI HAL LINNI DIPPA ILURI DILIFI	DIDI BIBIL BIBIL BIBIL DIBIL BIBIL BIBIL BIBIL	
101 EAST KENNEDY BLVD. SUITE 2000 TAMPA FL 33602 US		101 EAST KENNEDY BLVD. SUITE 2000 TAMPA FL 33602 US				
				3. Date Incorporated or Qualified 06/02/1986	3a. Date of Last Report 07/07/1995	
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-2719588	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State	9	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in		
24	25		30	Florida Statutes	Yes □ No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent	
			81 Name	Robert Herce.	Esq.	
FELOMEIER, LUCILLE, A			82 Street/A	do ess (P.O. Box Number is Not Acceptable	Oakford Sq.	
	NY 301 N ON FL 34222		83 (1)	ttorney at L	aw	
2221111			84 City	Ttorney at L	85 Jin Oods A O	
44 5	40-4-047.0500	-10171508 FI-11- Children	/		FLISS 607	
or register	to the provisions of Sections 617.0502 and the Agent, or both, in the State of Floridations of Sections 1.	and 617, 1508, Florida Statutes, a. Such change was authorized in 617, 0503, Florida Statutes	by the corporation is b	position glibmits this statement for the purp position of birectors. I hereby accept the appoi	ntment as registered agent. I am	
familiar with, and accept the obligations of Section 617.0503, Florida Statutes. Esq. Hamiliar with, and accept the obligations of Section 617.0503, Florida Statutes.						
SIGNATURE .	Signature, typed or printed name of registered agent a	nd little if applicable (NOTE	Registered Agent signature rec	quired when reinstaling)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	SD	DELETE	1.1 TITLE	TD	Change	
NAME	1 === ===		1.2 NAME	Santana, Charles		
STREET ADDRESS	1800 SECOND STREET, SUIT	± 700	1.3 STREET ADDRESS	500 N. Westshore Blv	1., Ste. 805	
CITY-ST-ZIP	ELLENTON FL	<b>™</b> DELETE	1.4 CITY - ST - ZIP	Tampa, FL 33609	☑ Change ☐ Addition	
TITLE	TD	XIDETELE	2.1 TITLE	PD	Change 🔲 Addition	
NAME	FULTON, SCOTT		2 S NAME	Herce, Robert		
STREET ADDRESS	1800 SECOND ST, SUITE 780	1	2 3 STREET ADDRESS	3302 Cypress St.		
CITY-ST-ZIP TITLE	SARASOTA FL	<b>₩</b> DELETE	2.4 CITY-ST-ZIP 3 1 TITLE	Tampa, FL 33607	Change Addition	
NAME	SHOMLEY, JOHN	Place	3.2 NAME	VP Taba	M cumbe	
STREET ADDRESS	15809 BRIDGEWATER LANE		3.2 MAINE 3.3 STREET ADDRESS	Bottomley, John		
CITY-ST-ZIP	TAMPA FL		3 4. CITY - ST - ZIP	25809 Bridgewater Lar Tampa, FL 33624	ie	
TITLE	PD	<b>™</b> DELETE	41 TITLE	Tampa, FL 33024	Change Addition	
NAME	MANGRUM, B.J.		4 2 NAME			
STREET ADDRESS	1800 SECOND STREET, SUIT	E 101	4 3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		İ	
TITLE	D	DELETE	5 1 TITLE		Change Addition	
NAME	WALBOLT, DAN	,	5.2 NAME			
STREET ADDRESS	6128 KIPPS, COLONY DRIVE	WEST	5.3 STREET ADDRESS			
CITY-ST-ZIP	GULFPORT FL		5.4 CITY - ST - ZIP	<u> </u>		
TITLE		DELETE	6.1 TITLE	\$61.05 \$ DED by Bould	Change Addition	
NAME			6 2 NAME	カッパン		
STREET ADDRESS	_		6 3 STREET ADDRESS	It sook and	,	
CITY-ST-ZIP			6 4 CITY-ST-ZIP	# DE MY MINE		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated or 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 disporation 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 73 if profuged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR