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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15254 (8)

1. Corporation Name

MAKE-A-WISH FOUNDATION OF SARASOTA/TAMPA BAY, INC.



Principal Place of Business

Mailing Address

101 EAST KENNEDY BLVD.
SUITE 2000
TAMPA FL 33602
US

101 EAST KENNEDY BLVD.
SUITE 2000
TAMPA FL 33602-5149
US

3. Date Incorporated or Qualified
06/02/1986

3a. Date of Last Report
04/09/1996

2. Principal Place of Business

2a. Mailing Address

21 4921 Bayshore

26 4921 Bayshore

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Blvd.

27 Blvd.

23 City & State Tampa, Fla

28 City & State Tampa, Fla

24 Zip 33611

29 Zip 33611

Country H.I.U.

30 Country H.I.U.

4. FEI Number
59-2719588

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERCE, ROBERT ESQ
8302 CYPRESS OAKFORD SQ
ATTORNEY AT LAW
TAMPA FL 33607

81 Name

Same

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

1-6-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME SANTANA, CHARLES
STREET ADDRESS 500 N. WESTSHORE BLVD., STE 805
CITY-ST-ZIP TAMPA FL 33609

TITLE PD
NAME HERCE, ROBERT
STREET ADDRESS 3302 CYPRESS ST
CITY-ST-ZIP TAMPA FL 33607

TITLE VP
NAME BOTTOMLEY, JOHN
STREET ADDRESS 25809 BRIDGEWATER LANE
CITY-ST-ZIP TAMPA FL 33624

TITLE Sec.
NAME LuAnn Feldmeier
STREET ADDRESS 2424 Highway 301 N
CITY-ST-ZIP Ellenton, FL 34222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Robert A. Herce

1-6-97

CR2E037 (9/96)