

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **N15254** (8)

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



Principal Place of Business 101 EAST KENNEDY BLVD. SUITE 2000 TAMPA FL 33602 US	Mailing Address 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
---	--	--	--

21. Principal Place of Business 4921 Bayshore Blvd.	2a. Mailing Address 4921 Bayshore Blvd.	4. FEI Number 59-2719588	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. 7th, Fla	27. Suite, Apt. #, etc. 7th, Fla	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State Tampa, Fla	28. City & State Tampa, Fla	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 33611	25. Country H.I.U.	29. Zip 33611	30. Country H.I.U.

9. Name and Address of Current Registered Agent HERCE, ROBERT ESO 8302 CYPRESS OAKFORD SQ ATTORNEY AT LAW TAMPA FL 33607		10. Name and Address of New Registered Agent 81. Name Sme.	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	
		85. Zip Code FL	

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: *Robert H. Herce* DATE: **1-6-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE TD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANTANA, CHARLES	D	1.2 NAME	
STREET ADDRESS 500 N. WESTSHORE BLVD., STE 805		1.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33609		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERCE, ROBERT	D	2.2 NAME	
STREET ADDRESS 3302 CYPRESS ST		2.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33607		2.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BOTTOMLEY, JOHN		3.2 NAME	Robert Covington
STREET ADDRESS 25809 BRIDGEWATER LANE		3.3 STREET ADDRESS	712 Promenade Place
CITY-ST-ZIP TAMPA FL 33624		3.4 CITY-ST-ZIP	Tampa Fla. 33602
TITLE Sec.	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LuAnn Feldmeier	D	4.2 NAME	LuAnn Feldmeier
STREET ADDRESS 2424 Highway 301 N		4.3 STREET ADDRESS	2424 Highway 301 N.
CITY-ST-ZIP Ellenton, FL 34222		4.4 CITY-ST-ZIP	Ellenton, Fla. 34222
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 H. Herce* DATE: **1-6-97**

CP2E037 (9/96)