


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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, IN C.		



Principal Place of Business		Mailing Address	
4921 BAYSHORE BLVD SUITE 2000 TAMPA FL 33611 US		4921 BAYSHORE BLVD SUITE 2000 TAMPA FL 33611 US	
2. Principal Place of Business	2a. Mailing Address	21. 4921 Bayshore Boulevard	26. 4921 Bayshore Boulevard
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	23. Tampa, Florida	28. Tampa, Florida
24. Zip 33611	25. Hillsborough	29. Zip 33611	30. Hillsborough

3. Date Incorporated or Qualified	06/02/1986
4. FEI Number	59-2719588
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HERCE, ROBERT ESQ 3302 CYPRESS OAKFORD SQ ATTORNEY AT LAW TAMPA FL 33607		81. Name	Herce, Robert Esq
		82. Street Address (P.O. Box Number is Not Acceptable)	1710 East Seventh Avenue
		83.	
		84. City	Tampa FL 85. Zip Code 33605

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANA, CHARLES	1.2 NAME	SANTANA, CHARLES
STREET ADDRESS	500 N. WESTSHORE BLVD., STE 805	1.3 STREET ADDRESS	5033 W. LAUREL STE 110
CITY-ST-ZIP	TAMPA FL 33609	1.4 CITY-ST-ZIP	TAMPA, FLORIDA 33607
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERCE, ROBERT	2.2 NAME	HERCE, ROBERT
STREET ADDRESS	3302 CYPRESS ST	2.3 STREET ADDRESS	1710 EAST SEVENTH AVENUE
CITY-ST-ZIP	TAMPA FL 33607	2.4 CITY-ST-ZIP	TAMPA, FLORIDA 33605
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT COVINGTON	3.2 NAME	
STREET ADDRESS	712 PROMENADE PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUANN FELDMEIER	4.2 NAME	
STREET ADDRESS	2424 HIGHWAY 301N	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELLENTON FL	4.4 CITY-ST-ZIP	
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 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 of 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: *[Signature]* **REQUIRED** 1/21/98 (813) 241-6111

CR2E037 (10/97)