

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90160 051 \*\*\*\*\*8.75  
 04-14-1999 90160 052 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N15254**

1. Corporation Name  
**MAKE-A-WISH FOUNDATION OF SARASOTA/TAMPA BAY, IN C.**

Principal Place of Business 4921 BAYSHORE BLVD SUITE 2000 TAMPA FL 33611 US	Mailing Address 4921 BAYSHORE BLVD SUITE 2000 TAMPA FL 33611 US
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\* 3 7 373589 90159 8 9 \*

2. Principal Place of Business 21 4921 Bayshore Boulevard Suite, Apt. #, etc. 22 N/A City & State 23 Tampa, FL 33611 Zip 24 33611 Country 25 US	2a. Mailing Address 26 4921 Bayshore Boulevard Suite, Apt. #, etc. 27 N/A City & State 28 Tampa, FL Zip 29 33611 Country 30 US	3. Date Incorporated or Qualified 06/02/1986 4. FEI Number 59-2719588 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent HERCE ROBERT ESQ 1710 E SEVENTH AVE ATTORNEY AT LAW TAMPA FL 33605	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTANA, CHARLES	1.2 NAME	FRANK de la GRANA
STREET ADDRESS	5033 W LAUREL STE 1100	1.3 STREET ADDRESS	1710 East Seventh Avenue
CITY-ST-ZIP	TAMPA FL 33607	1.4 CITY-ST-ZIP	Tampa, FL 33605
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERCE, ROBERT	2.2 NAME	MARILYN DANIEL
STREET ADDRESS	1710 EAST SEVENTH AVENUE	2.3 STREET ADDRESS	917 Seddon Cove Way
CITY-ST-ZIP	TAMPA FL 33605	2.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input 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	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input 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	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank de la Grana	5.2 NAME	
STREET ADDRESS	1710 East Seventh Avenue	5.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33605	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marilyn Daniel	6.2 NAME	
STREET ADDRESS	917 Seddon Cove Way	6.3 STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33602	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 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, with all other like empowered.

SIGNATURE: Katherine Harris **SIGNATURE REQUIRED** 3/17/99 (813) 241-6111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)