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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -5 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000000476 (1)

1. Corporation Name

TAMPA BAY FRIENDS OF CHILDREN AND CHILDREN'S HEA LTH PROGRAM, INC.

Principal Place of Business	Mailing Address
4000 WEST DR. MARTIN LUTHER KING BLVD. TAMPA FL 33614	4000 WEST DR. MARTIN LUTHER KING BLVD. TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report:
4. FEI Number: 59-3234783 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 26272
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 TAMPA, FL
24 Zip / 25 Country	29 33623 / 30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

FERNANDEZ, RAYMOND J M.D.
4000 WEST DR. MARTIN LUTHER KING BLVD.
TAMPA FL 33614

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, RAYMOND J 4000 WEST DR. MARTIN LUTHER KING BLVD. TAMPA FL 33614	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition D ASHCRAFT, ANNE 4000 WEST DR. MARTIN LUTHER KING BLVD. TAMPA, FL 33614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITISCI, DONALD 4000 WEST DR. MARTIN LUTHER KING BLVD. TAMPA FL 33614	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition D JEANSONNE, PATRICIA 4000 WEST DR. MARTIN LUTHER KING BLVD. TAMPA, FL 33614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRANCE, F. LANE 4000 WEST DR. MARTIN LUTHER KING BLVD. TAMPA FL 33614	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition S/T MULLEN, BOB 4000 WEST DR. MARTIN LUTHER KING BLVD. TAMPA, FL 33614
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BARNESS, LEWIS 4000 WEST DR. MARTIN LUTHER KING BLVD. TAMPA FL 33614	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REINER, CHRISTOPHER 4000 WEST DR. MARTIN LUTHER KING BLVD. TAMPA FL 33614	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURRAN, JOHN S 4000 WEST DR. MARTIN LUTHER KING BLVD. TAMPA FL 33614	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. 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)(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: _____ 03/23/95 (813)871-7470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084333