

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
Division of CORPORATE FILINGS

APPROVED  
AND  
FILED

95 MAY -1 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000002498 (3)**  
1. Corporation Name  
**JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION, INC**

Principal Place of Business Mailing Address  
**3700 JOHNSON ST. HOLLYWOOD FL 33021** **3700 JOHNSON ST. HOLLYWOOD FL 33021**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>05/13/1994</b>	3a. Date of Last Report <b>N/A</b>
4. FEI Number <b>65-0492343</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suits, Apt. # etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suits, Apt. # etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent  
**REILLY, JOSEPH  
3700 JOHNSON ST.  
HOLLYWOOD FL 33021**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>D JERNE, KENNETH C II 633 N. FEDERAL HWY. FT. LAUDERDALE FL 33302</b>	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>Chair Kenneth C. Jenne, II 633 S Federal Highway Ft. Lauderdale, FL 33302</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>D MON, GLENN 2269 N.W. 199TH ST. MIAMI FL 33056</b>	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>NO LONGER AN OFFICER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>D LIVINGSTON, PETER M.D. 3501 JOHNSON ST. HOLLYWOOD FL 33021</b>	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>Vice Chair Henry D. Perry, Jr., MD 12240 NW 8 Street Plantation, FL 33325-1302</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>D OTTINO, J.P. 2733 N.E. 18TH TERRACE WILTON MANORS FL 33306</b>	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>D REILLY, JOSEPH 3700 JOHNSON ST. HOLLYWOOD FL 33021</b>	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>D LEVINSON, LAWRENCE 5610-A RODMAN ST. HOLLYWOOD FL 33023</b>	TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and true, and qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 70 or 71 or 72 or 73 or 74 or 75 or 76 or 77 or 78 or 79 or 80 or 81 or 82 or 83 or 84 or 85 or 86 or 87 or 88 or 89 or 90 or 91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100 or 101 or 102 or 103 or 104 or 105 or 106 or 107 or 108 or 109 or 110 or 111 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or 255 or 256 or 257 or 258 or 259 or 260 or 261 or 262 or 263 or 264 or 265 or 266 or 267 or 268 or 269 or 270 or 271 or 272 or 273 or 274 or 275 or 276 or 277 or 278 or 279 or 280 or 281 or 282 or 283 or 284 or 285 or 286 or 287 or 288 or 289 or 290 or 291 or 292 or 293 or 294 or 295 or 296 or 297 or 298 or 299 or 300 or 301 or 302 or 303 or 304 or 305 or 306 or 307 or 308 or 309 or 310 or 311 or 312 or 313 or 314 or 315 or 316 or 317 or 318 or 319 or 320 or 321 or 322 or 323 or 324 or 325 or 326 or 327 or 328 or 329 or 330 or 331 or 332 or 333 or 334 or 335 or 336 or 337 or 338 or 339 or 340 or 341 or 342 or 343 or 344 or 345 or 346 or 347 or 348 or 349 or 350 or 351 or 352 or 353 or 354 or 355 or 356 or 357 or 358 or 359 or 360 or 361 or 362 or 363 or 364 or 365 or 366 or 367 or 368 or 369 or 370 or 371 or 372 or 373 or 374 or 375 or 376 or 377 or 378 or 379 or 380 or 381 or 382 or 383 or 384 or 385 or 386 or 387 or 388 or 389 or 390 or 391 or 392 or 393 or 394 or 395 or 396 or 397 or 398 or 399 or 400 or 401 or 402 or 403 or 404 or 405 or 406 or 407 or 408 or 409 or 410 or 411 or 412 or 413 or 414 or 415 or 416 or 417 or 418 or 419 or 420 or 421 or 422 or 423 or 424 or 425 or 426 or 427 or 428 or 429 or 430 or 431 or 432 or 433 or 434 or 435 or 436 or 437 or 438 or 439 or 440 or 441 or 442 or 443 or 444 or 445 or 446 or 447 or 448 or 449 or 450 or 451 or 452 or 453 or 454 or 455 or 456 or 457 or 458 or 459 or 460 or 461 or 462 or 463 or 464 or 465 or 466 or 467 or 468 or 469 or 470 or 471 or 472 or 473 or 474 or 475 or 476 or 477 or 478 or 479 or 480 or 481 or 482 or 483 or 484 or 485 or 486 or 487 or 488 or 489 or 490 or 491 or 492 or 493 or 494 or 495 or 496 or 497 or 498 or 499 or 500 or 501 or 502 or 503 or 504 or 505 or 506 or 507 or 508 or 509 or 510 or 511 or 512 or 513 or 514 or 515 or 516 or 517 or 518 or 519 or 520 or 521 or 522 or 523 or 524 or 525 or 526 or 527 or 528 or 529 or 530 or 531 or 532 or 533 or 534 or 535 or 536 or 537 or 538 or 539 or 540 or 541 or 542 or 543 or 544 or 545 or 546 or 547 or 548 or 549 or 550 or 551 or 552 or 553 or 554 or 555 or 556 or 557 or 558 or 559 or 560 or 561 or 562 or 563 or 564 or 565 or 566 or 567 or 568 or 569 or 570 or 571 or 572 or 573 or 574 or 575 or 576 or 577 or 578 or 579 or 580 or 581 or 582 or 583 or 584 or 585 or 586 or 587 or 588 or 589 or 590 or 591 or 592 or 593 or 594 or 595 or 596 or 597 or 598 or 599 or 600 or 601 or 602 or 603 or 604 or 605 or 606 or 607 or 608 or 609 or 610 or 611 or 612 or 613 or 614 or 615 or 616 or 617 or 618 or 619 or 620 or 621 or 622 or 623 or 624 or 625 or 626 or 627 or 628 or 629 or 630 or 631 or 632 or 633 or 634 or 635 or 636 or 637 or 638 or 639 or 640 or 641 or 642 or 643 or 644 or 645 or 646 or 647 or 648 or 649 or 650 or 651 or 652 or 653 or 654 or 655 or 656 or 657 or 658 or 659 or 660 or 661 or 662 or 663 or 664 or 665 or 666 or 667 or 668 or 669 or 670 or 671 or 672 or 673 or 674 or 675 or 676 or 677 or 678 or 679 or 680 or 681 or 682 or 683 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or 970 or 971 or 972 or 973 or 974 or 975 or 976 or 977 or 978 or 979 or 980 or 981 or 982 or 983 or 984 or 985 or 986 or 987 or 988 or 989 or 990 or 991 or 992 or 993 or 994 or 995 or 996 or 997 or 998 or 999 or 1000

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95  
305-985-3454