

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 14 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002498 (3)

1. Corporation Name
JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION, INC



Principal Place of Business 3700 JOHNSON ST. HOLLYWOOD FL 33021	Mailing Address 3700 JOHNSON ST. HOLLYWOOD FL 33021
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3. Date incorporated or Qualified
05/13/1994

4. FEI Number
65-0492343

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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 Doris K. Sipos
82 Street Address (P.O. Box Number is Not Acceptable) 3700 Johnson Street
83
84 City Hollywood **85 Zip Code** FL 33021

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 *Doris K. Sipos, Registered Agent* **4/6/98**
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	CT	<input type="checkbox"/> DELETE
NAME	JENNE, KENNETH C #	
STREET ADDRESS	P.O. BOX 14723 NA	
CITY-ST-ZIP	FT. LAUDERDALE FL	

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peter A. Livingston, MD	
1.3 STREET ADDRESS	3501 Johnson Street	
1.4 CITY-ST-ZIP	Hollywood, FL 33032	

TITLE	VCT	<input type="checkbox"/> DELETE
NAME	PERRY, HENRY D JR.	
STREET ADDRESS	12240 NW 8 STREET	
CITY-ST-ZIP	PLANTATION FL	

2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wendy Masi, PhD	
2.3 STREET ADDRESS	2401 Laguna Drive	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33316	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, PETER M.D.	
STREET ADDRESS	3501 JOHNSON ST.	
CITY-ST-ZIP	HOLLYWOOD FL	

3.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Herbert E. Brizel, MD	
3.3 STREET ADDRESS	3501 Johnson Street	
3.4 CITY-ST-ZIP	Hollywood, FL 33021	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	BIRKEN, GARY MD	
STREET ADDRESS	1150 N. 35TH AVE. SUITE 555	
CITY-ST-ZIP	HOLLYWOOD FL	

4.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carl Schuster, Esq.	
4.3 STREET ADDRESS	200 E. Broward Boulevard	
4.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	

TITLE	MT	<input type="checkbox"/> DELETE
NAME	REILLY, JOSEPH	
STREET ADDRESS	3700 JOHNSON ST.	
CITY-ST-ZIP	HOLLYWOOD FL	

5.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Doris K. Sipos	
5.3 STREET ADDRESS	3700 Johnson Street	
5.4 CITY-ST-ZIP	Hollywood, FL 33021	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MASI, WENDY S PH.D.	
STREET ADDRESS	2401 LAGUNA DR.	
CITY-ST-ZIP	FORT LAUDERDALE FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Doris K. Sipos, Registered Agent* **4/6/98** 154-985-3454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # optional

CR2E037 (10/97)