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**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90094 024 \*\*\*\*70.00

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000003614**

1. Corporation Name

**THE KIDS HEALTH CARE FOUNDATION, INC.**

Principal Place of Business

**804 EVENINGSIDE CT  
TAMPA FL 33615**

Mailing Address

**804 EVENINGSIDE CT  
TAMPA FL 33615**



2. Principal Place of Business

**21 P.O. Box 271384**

2a. Mailing Address

**26 P.O. Box 271384**

3. Date Incorporated or Qualified

**06/19/1998**

Suite, Apt. #, etc.

**22**

Suite, Apt. #, etc.

**27**

4. FEI Number

**59-3517416**

Applied For

Not Applicable

City & State

**23 Tampa, Fl 33688 USA**

City & State

**28 Tampa, Fl 33688 USA**

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

Zip Country

**24 33688 25 USA**

Zip Country

**29 33688 30 USA**

6. Election Campaign Financing

☐ **\$5.00 May Be  
Added to Fees**

Trust Fund Contribution

9. Name and Address of Current Registered Agent

**ELLWANGER, THOMAS J  
501 E KENNEDY BLVD, STE 1700  
TAMPA FL 33602**

10. Name and Address of New Registered Agent

**81 Name Francis W. Chambers**

**82 Street Address (P.O. Box Number is Not Acceptable)  
3336 Williston Loop**

**83**

**84 City Land O' Lakes**

**FL**

**85 Zip Code 34639**

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

*Francis W. Chambers - Executive Director*

**May 19, 1999**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **WOLFSON, JAY**  
STREET ADDRESS **804 EVENINGSIDE CT**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **D** ☐ DELETE  
NAME **SMITH, TREVOR G**  
STREET ADDRESS **4234 FAIRWAY CIR**  
CITY-ST-ZIP **TAMPA FL 33624**

TITLE **D** ☐ DELETE  
NAME **GILLETTE, MARY ELLEN**  
STREET ADDRESS **1202 E PALM AVE**  
CITY-ST-ZIP **TAMPA FL 33605**

TITLE **D** ☐ DELETE  
NAME **HOLT, DOUGLAS**  
STREET ADDRESS **1105 E KENNEDY BLVD**  
CITY-ST-ZIP **TAMPA FL 33602**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **John Biebel**  
1.3 STREET ADDRESS **P.O. Box 271384**  
1.4 CITY-ST-ZIP **Tampa, Fl 33688**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Carolyn Bricklemeyer, School Brd Mem.**  
2.3 STREET ADDRESS **35 Adalia Avenue**  
2.4 CITY-ST-ZIP **Tampa, Fl 33606**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Mark Engelhardt, Program Director**  
3.3 STREET ADDRESS **FDCF 4000 W. Dr. Martin Luther King Blvd. Tampa, Fl 33614**  
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition  
4.2 NAME **Lane France, M.D.**  
4.3 STREET ADDRESS **Pediatric Health All. 11274 W. Hill-**  
4.4 CITY-ST-ZIP **sborough Ave, Tampa, Fl 33623-5437**

5.1 TITLE **D** ☐ Change ☒ Addition  
5.2 NAME **Steve Freedman, Executive Director**  
5.3 STREET ADDRESS **18907 Avenue Fiarritz**  
5.4 CITY-ST-ZIP **Lutz, Fl 33549**

6.1 TITLE **D** ☐ Change ☒ Addition  
6.2 NAME **Charles Mahan, MD, Dean, USF**  
6.3 STREET ADDRESS **College of Public Health, 13201 Bruce**  
6.4 CITY-ST-ZIP **Downs Blvd, Tampa, Fl 33612**

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: *Francis W. Chambers - Executive Director* 5/19/99 (813) 929-9728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)