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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

Suite, Apt. #, etc.

City & State

23 Tampa, Fl 33688 USA

Zip Country

24 33688 25 USA

2a. Mailing Address

26 P.O. Box 271384

Suite, Apt. #, etc.

City & State

28 Tampa, Fl 33688 USA

Zip Country

29 33688 30 USA

3. Date Incorporated or Qualified

06/19/1998

4. FEI Number

59-3517416

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

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*

DATE 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	<input type="checkbox"/> DELETE
NAME	WOLFSON, JAY	
STREET ADDRESS	804 EVENINGSIDE CT	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, TREVOR G	
STREET ADDRESS	4234 FAIRWY CIR	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILLETTE, MARY ELLEN	
STREET ADDRESS	1202 E PALM AVE	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLT, DOUGLAS	
STREET ADDRESS	1105 E KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Carolyn Bricklemyer, School Brd Mem.	
2.3 STREET ADDRESS	35 Adalia Avenue	
2.4 CITY-ST-ZIP	Tampa, Fl 33606	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Lane France, M.D.	
4.3 STREET ADDRESS	Pediatric Health All. 11274 W. Hillborough Ave, Tampa, Fl 33623-5437	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Charles Mahan, MD, Dean, USF	
6.3 STREET ADDRESS	College of Public Health, 13201 Bruce Downs Blvd, Tampa, Fl 33612	
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: *Francis W. Chambers - Executive Director* 5/19/99 (813) 929-9728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/19/99 DB/Time Phone #: (813) 929-9728

CR2E037 (11/98)