

2025 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 821162

Entity Name: SHRINERS HOSPITALS FOR CHILDREN, INC.**Current Principal Place of Business:**2900 ROCKY POINT DRIVE
TAMPA, FL 33607**Current Mailing Address:**P.O. BOX 31356
TAMPA, FL 33631-3356 US**FEI Number: 36-2193608****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KOEHN, BRADLEY T.
Address 2833 SW JEWELL AVENUE
City-State-Zip: TOPEKA KS 66611

Title CHAIRMAN OF THE BOARD OF
 DIRECTORS
Name BURKE, RICHARD G.
Address 2505 GINGER DRIVE
City-State-Zip: BUFORD GA 30519

Title DIRECTOR
Name STOLZE, JAMES E. JR.
Address 9213 W. CAMINO DE ORO
City-State-Zip: PEORIA AZ 85383

Title SECRETARY
Name HARTZ, MARK E
Address 850 ELMHURST RD
City-State-Zip: SEVERN MD 21144

Title DIRECTOR
Name CAIN, JIM L SR.
Address 4569 WINFIELD DR.
City-State-Zip: NASHVILLE TN 37211

Title TRUSTEE
Name CRAVEN, KENNETH G.
Address 1643 CENTRAL AVE
City-State-Zip: SUMMERVILLE SC 29483

Title 2ND VICE PRESIDENT
Name LEIB, LAWRENCE J.
Address 27971 ROLLCREST ROAD
 SUITE #9
City-State-Zip: FARMINGTON HILL MI 48334

Title 1ST VICE PRESIDENT
Name COSTELLO, KEVIN
Address 700 ROUTE 32
 BOX 152
City-State-Zip: TILLSON NY 12486

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LESLIE D. STEWART, MD**PRESIDENT****04/08/2025**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BARTLETT, MARTIN L
Address 26723 SAGITARIUS
City-State-Zip: SAN ANTONIO TX 78260

Title ASST. SECRETARY
Name STURLAUGSON, MATTHEW
Address 4519 4TH STREET W
City-State-Zip: WEST FARGO ND 58078

Title TRUSTEE
Name ARROCHA, RICAURTE
Address 1 AEROPOST WAY
PTY-1496
City-State-Zip: MIAMA FL 33206

Title TRUSTEE
Name RASNER, WILLIAM B.
Address 1350 SOUTH MILLER STREET
City-State-Zip: SHELBYVILLE IN 46176

Title TRUSTEE
Name TIMOTHY, L. LUDWIG
Address 4710 EDGEWOOD DR
City-State-Zip: NEW BERN NC 28562

Title DIRECTOR
Name VRSALOVICH, DALE R.
Address 18002 NW 41ST AVENUE
City-State-Zip: RIDGEFIELD WA 98642

Title PRESIDENT
Name STEWART, LESLIE D. MD
Address 4739 MALLARD LAKE COVE
City-State-Zip: COLLIEVILLE TN 38017

Title DIRECTOR
Name FORBIS, TIMOTHY D
Address 3562 CODY LANE
City-State-Zip: CHEYENNE WY 82009

Title DIRECTOR
Name DEVOLL, RONALD L
Address 813 SAVANNA TRAIL
City-State-Zip: DELANO MN 55328

Title DIRECTOR
Name HAMM, DAVID C.
Address 11707 COUNTY ROAD 345
City-State-Zip: WINONA TX 75792

Title TRUSTEE
Name CAPPS, RONALD L.
Address 1710 W. DRIFTWOOD
City-State-Zip: WICHITA KS 67204