

FILED
Aug 02, 1999 8:00 am
Secretary of State

08-02-1999 90006 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

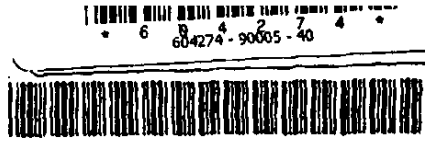
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717184 ✓

1. Corporation Name
SUNSHINE CITY CHAPTER NO. 9, INCORPORATED

Principal Place of Business
4801 37TH ST. N
ST. PETERSBURG FL 33714-2911

Mailing Address
4801 37TH ST. N
ST. PETERSBURG FL 33714-2911



2. Principal Place of Business
21 4801 37 ST N
22 Suite, Apt. #, etc.

2a. Mailing Address
26 4801 37 ST N
27 Suite, Apt. #, etc.

3. Date Incorporated or Qualified
09/16/1969

4. FEI Number
59-6196567

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 City & State ST PETERSBURG FL
24 Zip 33714 25 Country USA

28 City & State ST PETERSBURG FL
29 Zip 33714 30 Country USA

8. Name and Address of Current Registered Agent
DELETE: KING-LAWRENCE M.
4801 37TH ST N
ST PETERSBURG FL 33714

ADD: JOSEPH J. NOCELLA II
4801 37 ST N
ST PETERSBURG FL 33714

18. Name and Address of New Registered Agent
81 Name JOSEPH J. NOCELLA II
82 Street Address (P.O. Box Number is Not Acceptable) 4801 37 ST N
83 ST PETERSBURG
84 City FL
85 Zip Code 33714

11. Pursuant to the provisions of Sections 617.0502 and 617.1509, 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: JOSEPH J. NOCELLA II, REGISTERED AGENT. 17 AUGUST 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PRESIDENT-DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: KING-LAWRENCE M.		1.2 NAME: JOSEPH J. NOCELLA II	
STREET ADDRESS: 4801 - 37TH ST., N.		1.3 STREET ADDRESS: 4801 37 ST N	
CITY-ST-ZIP: ST PETERSBURG FL 33714		1.4 CITY-ST-ZIP: ST PETERSBURG FL 33714	
TITLE: VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MODEST, DERRICK		2.2 NAME: WILLIAM L. SCOTT (DIRECTOR)	
STREET ADDRESS: 4801 37TH STREET NORTH		2.3 STREET ADDRESS: 4801 37 ST N	
CITY-ST-ZIP: ST. PETERSBURG FL		2.4 CITY-ST-ZIP: ST PETERSBURG FL 33714	
TITLE: TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WATSON, ALEXANDER B.		3.2 NAME: JOHN GOLDEN	
STREET ADDRESS: 4801 37TH ST. N.		3.3 STREET ADDRESS: 4801 37 ST N	
CITY-ST-ZIP: ST PETERSBURG FL 33714		3.4 CITY-ST-ZIP: ST PETERSBURG FL 33714	
TITLE: S	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WATSON, ALEXANDER B.		4.2 NAME: WILLIAM L. SCOTT	
STREET ADDRESS: 4801 37TH ST N		4.3 STREET ADDRESS: 4801 37 ST N	
CITY-ST-ZIP: ST PETERSBURG FL		4.4 CITY-ST-ZIP: ST PETERSBURG FL 33714	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME: PAUL BRANESKY	
STREET ADDRESS:		5.3 STREET ADDRESS: 4801 37 ST N	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP: ST PETERSBURG FL 33714	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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 as an attached individual address, with all other like empowered.

SIGNATURE: JOSEPH J. NOCELLA II, REGISTERED AGENT 28 JUL 99 526 9870

CR25037 (5/99)