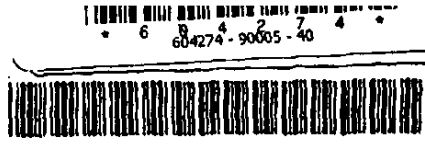


FILED
Aug 02, 1999 8:00 am
Secretary of State

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 Suite, Apt. #, etc.		2a. Mailing Address 26 4801 37 ST N Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09/16/1969	
22 City & State 23 ST PETERSBURG FL		27 City & State 28 ST PETERSBURG FL		4. FEI Number 59-6196567 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
29 Zip 33714 29 Country USA		30 Zip 33714 30 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DELETE: KING, LAWRENCE M. 4801 37TH ST N ST PETERSBURG FL 33714				10. Name and Address of New Registered Agent ADD: JOSEPH J. NOCELLA II 4801 37 ST N ST PETERSBURG FL 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 NAME: KING, LAWRENCE M. STREET ADDRESS: 4801 - 37TH ST., N. CITY-ST-ZIP: ST PETERSBURG FL 33714	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: CH 1.2 NAME: JOSEPH J. NOCELLA II 1.3 STREET ADDRESS: 4801 37 ST N 1.4 CITY-ST-ZIP: ST PETERSBURG FL 33714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: VO NAME: MODEST, DERRICK STREET ADDRESS: 4801 37TH STREET NORTH CITY-ST-ZIP: ST. PETERSBURG FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: CH 2.2 NAME: WILLIAM L. SCOTT (DIRECTOR) 2.3 STREET ADDRESS: 4801 37 ST N 2.4 CITY-ST-ZIP: ST PETERSBURG FL 33714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: TD NAME: WATSON, ALEXANDER B. STREET ADDRESS: 4801 37TH ST. N. CITY-ST-ZIP: ST PETERSBURG FL 33714	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: CH 3.2 NAME: JOHN GOLDEN 3.3 STREET ADDRESS: 4801 37 ST N 3.4 CITY-ST-ZIP: ST PETERSBURG FL 33714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: S NAME: WATSON, ALEXANDER B. STREET ADDRESS: 4801 37TH ST N CITY-ST-ZIP: ST PETERSBURG FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: CH 4.2 NAME: WILLIAM L. SCOTT 4.3 STREET ADDRESS: 4801 37 ST N 4.4 CITY-ST-ZIP: ST PETERSBURG FL 33714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	5.1 TITLE: CH 5.2 NAME: PAUL BRANESKY 5.3 STREET ADDRESS: 4801 37 ST N 5.4 CITY-ST-ZIP: ST PETERSBURG FL 33714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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**

CROCE037 (5/99)