

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717547 (4)

1. Corporation Name

THE SUNCOAST CRUISE CLUB, INC.



Principal Place of Business

114 11TH AVE.
ST. PETE BCH FL 33706
US

Mailing Address

114 11TH AVE.
ST. PETE BEACH FL 33706
US

3. Date Incorporated or Qualified
11/12/1969

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State
St. Pete Beach, FL

23

28

Zip

Country

Zip
33741

Country

US

24

25

29

30

4. FEI Number
23-7173453

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALDES, FRANK J.
114 11TH AVE.
ST. PETERSBURG BCH. FL 33706

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DUFFIN, MICHAEL
24 ISLAND DRIVE
TREASURE ISLAND FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BROADWAY, RONALD
8006 12 AVE SO.
ST. PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CHANDLER, EVERETT
22547 S. SHORE DR.
LAND O'LAKES FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
VALDES, FRANK
114 11TH AVENUE
ST. PETERSBURG FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
BROWN, HOWARD
11145 7TH ST. E.
TREASURE ISLAND FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY - ST - ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director
Frank J. Valdes

Date
3/28/96

Daytime Phone #
813-516-1245

CR2E037 (12/95)