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NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

1996 3-14-96 B-2089 OF CORPORATIONS C

DOCUMENT # 732893

(3)

1. Corporation Name

THE GULF SUNCOAST BONS VIVANTS, INC.

Principal Place of Business

4300 CENTRAL AVE.  
ST PETERSBURG FL 33711

Mailing Address

4300 CENTRAL AVE.  
ST PETERSBURG FL 33711



3. Date Incorporated or Qualified

05/30/1975

3a. Date of Last Report

03/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUGGAR, ROLFE D.  
ATTORNEY AT LAW  
4300 CENTRAL AVE.  
ST. PETERSBURG FL 33711

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME EDWARD O'CONNER  
STREET ADDRESS 224 SUN VISTA COURT  
CITY-ST-ZIP TREASURE ISLAND FL 33706

1.1 TITLE PRESIDENT  
1.2 NAME NICHOLAS BOURG  
1.3 STREET ADDRESS 1484 S. HERCULES AVE  
1.4 CITY-ST-ZIP CLEARWATER, FL 34624

TITLE 1VPD  
NAME NICHOLAS BOURG  
STREET ADDRESS 1484 S. HERCULES AVE.  
CITY-ST-ZIP CLEARWATER FL 34626

2.1 TITLE 1ST VICE PRES.  
2.2 NAME JUNE NAYLOR  
2.3 STREET ADDRESS 13112 NORTH BOULEVARD  
2.4 CITY-ST-ZIP TAMPA FL 33612

TITLE SVP  
NAME PEARSON, ERNEST T JR  
STREET ADDRESS 2403 BAY BLVD  
CITY-ST-ZIP INDIAN ROCK BCH FL

3.1 TITLE 2ND VICE PRES.  
3.2 NAME EVELYN ROBBINS  
3.3 STREET ADDRESS 8649 N. HIMES AVE #819  
3.4 CITY-ST-ZIP TAMPA FL 33614

TITLE SD  
NAME BEVERLY J. KIME  
STREET ADDRESS 1757 CASTLE ROCK RD.  
CITY-ST-ZIP TAMPA FL 33612

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TD  
NAME LORRAINE DAVIS  
STREET ADDRESS 4814 MENDENHALL DRIVE  
CITY-ST-ZIP TAMPA FL 33603

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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: Lorraine Davis, Treasurer / LORRAINE DAVIS 3/8/96 813 8752085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)