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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28327

1. Corporation Name
SUNCOAST ADULT CARE ASSOCIATION, INC.

Principal Place of Business BARBARA HONESS 300 34TH AVE N ST PETERSBURG FL 33704 US <i>Delete</i>	Mailing Address BARBARA HONESS 300 34TH AVE N ST PETERSBURG FL 33704 US <i>Delete</i>
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2. Principal Place of Business 21 <i>Rossy Bogan</i> Suite, Apt. #, etc. 22 <i>2275 Nebraska Ave</i> City & State 23 <i>Palm Harbor</i> Zip Country 24 <i>34683</i> 25 <i>P. h. 45</i>	2a. Mailing Address 26 <i>Same</i> Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 09/12/1988	4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
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

HONESS, ABRBARA
 300 34THA VE N
 ST PETERSBURG FL 33704
Delete

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	DUNCAN, BARBARA	
STREET ADDRESS	6237 50TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HONESS, BARBARA	
STREET ADDRESS	300 34TH AVE. N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	AL Ingram	
STREET ADDRESS	6405 40TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33709	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>President Rossy Bogan</i>
2.3 STREET ADDRESS	<i>2275 Nebraska Ave.</i>
2.4 CITY-ST-ZIP	<i>Palm Harbor, FL. 34683</i>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>Secretary Diane Sargent</i>
4.3 STREET ADDRESS	<i>14331 60 ST. N.</i>
4.4 CITY-ST-ZIP	<i>CLW, FL. 33670</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Barbara Duncan* 546-2061
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)