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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000000269

1. Corporation Name

SUNCOAST REGIONAL SCHOOL-TO-WORK CONSORTIUM, INC

122392 . 90047 . 24

Principal Place of Business

1844 17TH ST  
SATASOTA FL 34234  
US

Mailing Address

1844 17TH ST  
SATASOTA FL 34234  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/17/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0690833

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWTON, TONY  
1844 17TH ST  
BRADENTON FL 34205

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MD  DELETE  
NAME KRESS, MARY HELEN  
STREET ADDRESS 1003 8 AVE W  
CITY-ST-ZIP BRADENTON FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME METHENY, DEBORRAH  
STREET ADDRESS 1960 LANDINGS BLVD  
CITY-ST-ZIP SARASOTA FL 34239

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME PARIS, DEANNA  
STREET ADDRESS 215 MANATEE AVE W  
CITY-ST-ZIP BRADENTON FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME DR JOHN ROSEN  
STREET ADDRESS 5840 26TH STREET W  
CITY-ST-ZIP BRADENTON FL 34207

4.1 TITLE  Change  Addition  
4.2 NAME Dr. Tom Davenport  
4.3 STREET ADDRESS 5840 26th Street W.  
4.4 CITY-ST-ZIP Bradenton, FL 34207

TITLE MD  DELETE  
NAME NEWTON, TONY  
STREET ADDRESS 1844 17TH ST  
CITY-ST-ZIP SARASOTA FL 34234

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

TITLE C  DELETE  
NAME CHMAJ, ELLEN  
STREET ADDRESS 257 TAMIAMI TRL N  
CITY-ST-ZIP VENICE FL 34285

6.1 TITLE  Change  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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)