


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N96000001589 (8)
1. Corporation Name

FLORIDA GULF COAST CHAPTER, INC.



Principal Place of Business 5989 HAINES ROAD ST. PETERSBURG FL 33714	Mailing Address 5989 HAINES ROAD ST. PETERSBURG FL 33714
--	--

3. Date Incorporated or Qualified
03/18/1996

4. FEI Number
65-0784790

Applied For	Not Applicable
-------------	----------------

2. Principal Place of Business 21. Suite, Apt. #, etc.	2a. Mailing Address 26. Suite, Apt. #, etc.
---	--

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State	27. City & State
------------------	------------------

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip	25. Country	28. Zip	30. Country
---------	-------------	---------	-------------

7. Is this nonprofit corporation a homeowners association?
 Yes No

24. Zip	25. Country	29. Zip	30. Country
---------	-------------	---------	-------------

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**ROSENKRANS, JAMILOU
5989 HAINES ROAD
ST. PETERSBURG FL 33714**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALLEN, DENNIS		1.2 NAME JOHN THEOBALD
STREET ADDRESS 5989 HAINES ROAD		1.3 STREET ADDRESS 5989 HAINES RD
CITY-ST-ZIP ST. PETERSBURG FL		1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33714
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROUNTREE, TOM		2.2 NAME DOUG SLICK
STREET ADDRESS 5989 HAINES ROAD		2.3 STREET ADDRESS 5989 HAINES RD
CITY-ST-ZIP ST. PETERSBURG FL		2.4 CITY-ST-ZIP ST. PETERSBURG, FL 33714
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TURNER, ELAYNE		3.2 NAME EVI MCMAHON
STREET ADDRESS 5989 HAINES ROAD		3.3 STREET ADDRESS 5989 HAINES RD
CITY-ST-ZIP ST. PETERSBURG FL		3.4 CITY-ST-ZIP ST PETERSBURG, FL 33714
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LUCKHAM, SCOTT		4.2 NAME LINDA CHARLTON
STREET ADDRESS 5989 HAINES ROAD		4.3 STREET ADDRESS 5989 HAINES RD
CITY-ST-ZIP ST. PETERSBURG FL 33714		4.4 CITY-ST-ZIP ST PETERSBURG, FL 33714
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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.

SIGNATURE: *John Theobald* **JOINED** March 12, 1998 813-343-0063

CR2E037 (10/97)