

FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90091 049 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000003105**

1. Corporation Name

**THE FLORIDA SUNCOAST WOMEN'S FORUM, INC.**

Principal Place of Business

455 LONGBOAT CLUB RD #305  
LONGBOAT KEY FL 34228

Mailing Address

455 LONGBOAT CLUB RD #305  
LONGBOAT KEY FL 34228



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/28/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0846853	
24 Country		29 Country		30	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**GREEN, CAROL B**  
455 LONGBOAT CLUB RD #305  
LONGBOAT KEY FL 34228

10. Name and Address of New Registered Agent

81 Name	Carol B. Green	
82 Street Address	455 Longboat Club Rd., #305	
83	Longboat Key, FL 34228	
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 Carol B. Green, President 1/6/98  
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	NAME	STREET ADDRESS	1.1 TITLE	NAME	STREET ADDRESS
Secretary	Genevieve Linnehan	2515 Palm Dr.	Secretary	J. Goodstein	Director, Dept of Public Affairs
CITY-ST-ZIP	Tampa FL 33629		1.2 NAME	Ronnie	Pinellas County Govt
			1.3 STREET ADDRESS	521 Oak Ave,	Clearwater, FL 33756
TITLE	NAME	STREET ADDRESS	1.4 CITY-ST-ZIP		
PRESIDENT	Carol B. Green	455 Longboat Club Rd., #305	2.1 TITLE	Director	Marcella Schuyler
CITY-ST-ZIP	Longboat Key, FL 34228		2.2 NAME	Manchester Partners, INC	6200 Courtney Campbell Causeway
			2.3 STREET ADDRESS	TAMPA	FL 33607
TITLE	NAME	STREET ADDRESS	2.4 CITY-ST-ZIP		
V.P.	Barbara Sheen Todd	Chairman, Pinellas County Commission	3.1 TITLE		
CITY-ST-ZIP	315 Court St.	Clearwater, FL 33756	3.2 NAME		
			3.3 STREET ADDRESS		
TITLE	NAME	STREET ADDRESS	3.4 CITY-ST-ZIP		
Treasurer	Francine DiFilippo	7235 Saddle Creek Circle	4.1 TITLE		
CITY-ST-ZIP	Sarasota FL 34241		4.2 NAME		
			4.3 STREET ADDRESS		
TITLE	NAME	STREET ADDRESS	4.4 CITY-ST-ZIP		
Director	Dawn Marie Driscoll	4909 SW 9 Place	5.1 TITLE		
CITY-ST-ZIP	Cape Coral, FL 33914		5.2 NAME		
			5.3 STREET ADDRESS		
TITLE	NAME	STREET ADDRESS	5.4 CITY-ST-ZIP		
Sharon Director	Sharon Elizabeth James	6488 Stafford Terrace	6.1 TITLE		
CITY-ST-ZIP	NORTH PORT, FL 34287		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: Carol B. Green, President 1/6/98 941-387-8240  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)