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Feb 05 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 # 716979 (0)

1. Corporation Name

SUNCOAST ARCHAEOLOGICAL & PALEONTOLOGICAL SOCIETY, INC.



Principal Place of Business

Mailing Address

3901-12TH ST NE
ST PETERSBURG FL 33703
US

1529 30TH AVENUE N.
ST PETERSBURG FL 33704

3. Date Incorporated or Qualified

08/11/1969

4. FEI Number

23-7067210

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 3901-12th St NE

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

33703

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

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

10. Name and Address of New Registered Agent

ROBINSON, RAYMOND C
3901 12TH STREET NE
ST PETERSBURG FL 33703

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 D
NAME BALDWIN, LEWIS
STREET ADDRESS 317 TERRACE DR E
CITY-ST-ZIP CLEARWATER FL

☐ DELETE

TITLE D
NAME KNIGHT, ANITA
STREET ADDRESS 3016-23RD STREET, N.
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

TITLE VD
NAME MARSHALL, VIVIAN
STREET ADDRESS 10008 HIGHWAY 64 E
CITY-ST-ZIP BRADENTON FL

☐ DELETE

TITLE TD
NAME ROBINSON, RAYMOND C
STREET ADDRESS 3901 12TH STREET, NE
CITY-ST-ZIP ST PETERSBURG FL

☐ DELETE

TITLE D
NAME LEWIS, SUE
STREET ADDRESS 5226 23RD AVE S.
CITY-ST-ZIP GULFPORT FL

☐ DELETE

TITLE PD
NAME KROMBACH, CAROLINE
STREET ADDRESS 1509 54TH ST. N.
CITY-ST-ZIP ST. PETERSBURG FL

☐ DELETE

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Raymond C. Robinson

1-22-98 898-2757

CR2E037 (10/97)