

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 30 1997 8:00am
Secretary of State

DOCUMENT # **717184** (6)

1. Corporation Name

SUNSHINE CITY CHAPTER NO. 9, INCORPORATED

Principal Place of Business
**4801 37TH ST. N
ST. PETERSBURG FL 33714-2911**

Mailing Address
**4801 37TH ST. N
ST. PETERSBURG FL 33714-2911**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/16/1969	3a. Date of Last Report 01/31/1996
4. FEI Number 59-6196567	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent

**KING, LAWRENCE M.
4801 37TH ST N
ST PETERSBURG FL 33714**

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

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	PD	1.1 TITLE	
NAME	KING, LAWRENCE M.	1.2 NAME	
STREET ADDRESS	4801 - 37TH ST., N.	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33714	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	CANNON, ROBERT M. SR	2.2 NAME	MODEST, DERRICK
STREET ADDRESS	4801 37TH STREET NORTH	2.3 STREET ADDRESS	4801 37th ST N
CITY - ST - ZIP	ST. PETERSBURG FL	2.4 CITY - ST - ZIP	ST PETERSBURG, FL 33714
TITLE	TD	3.1 TITLE	TD
NAME	BOUCHARD, PERCY J.	3.2 NAME	CANNON, ROBERT M, SR
STREET ADDRESS	4801 37TH ST. N.	3.3 STREET ADDRESS	4801 37th ST N
CITY - ST - ZIP	ST PETERSBURG FL	3.4 CITY - ST - ZIP	ST PETERSBURG, FL 33714
TITLE	S	4.1 TITLE	
NAME	WATSON, ALEXANDER B.	4.2 NAME	
STREET ADDRESS	4801 37TH ST N	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: ALEXANDER WATSON

CR2E037 (4/97)