

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 718545 (7)
1. Corporation Name
BOYS AND GIRLS CLUBS OF THE SUNCOAST, INC.



Principal Place of Business
**5111 66TH STREET, NORTH
SUITE 200
ST. PETERSBURG FL 33709
US**

Mailing Address
**5111 66TH STREET, NORTH
SUITE 200
ST. PETERSBURG FL 33709
US**

3. Date Incorporated or Qualified
05/20/1970

3a. Date of Last Report
02/24/1995

4. FEI Number
59-1566799

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**PERRI NELSON
5111 66TH STREET, NORTH
SUITE 200
ST. PETERSBURG FL 33709**

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
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VINCENT, DEBORAH	
STREET ADDRESS	210 S. EWING AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COATS, JAMES F.	
STREET ADDRESS	250 ULMERTON RD.	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZUROWSKI, TERRY L.	
STREET ADDRESS	11500 9TH ST., N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GUARINO, JOHN	
STREET ADDRESS	3637 4TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KIEFER, JOSEPH N.	
STREET ADDRESS	1395 PINELLAS AVE.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOSS, JAMES C PHD	
STREET ADDRESS	1201 MACRAE AVE	
CITY-ST-ZIP	CLEARWATER F	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James C. Goss	
1.3 STREET ADDRESS	1201 Macrae Avenue	
1.4 CITY-ST-ZIP	Clearwater, FL 34615	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Eduardo "Tito" Vargas	
6.3 STREET ADDRESS	c/o 1475 S. Belcher Road	
6.4 CITY-ST-ZIP	Largo, FL 34641	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

James C. Goss
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 (813) 546-1032
Date Daytime Phone #

CR2E037 (12/95)