## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

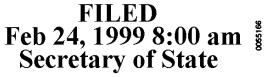
Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 719453**

1. Corporation Name

FLORIDA SUNCOAST CHAPTER OF THE 99'S, INC.

Principal Place of Business
2290 TERRACE DR N CLEARWATER FL 33765
US



02-24-1999 90091 021 \*\*\*\*61.25

LOTHER	CONCOROT OTAL TELL OF	1112 00 0, 1110				ļ		4 PATE (TO 17 . A.A. A.	-·	
Principal Place	e of Business	Mailing Address								
2290 TERRACE CLEARWATER US	DR N	2290 TERRACE DR N CLEARWATER FL 33765 US								
2. Principal P	lace of Business	2a. Mailing Address					3. Date Incorporated or	Qualifed		
21		26					10/06/1970			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				4. FEI Number	- •	<del> </del>	plied For
22		27					59-1594346		<del></del>	t Applicable
City & State	e	City & State	¬ ´				5. Certificate of Status E	Desired	<b>\$8.75</b> A	
23 Zip	Country	Zip	Cou	ntry			6. Election Campaign F	inancing _	\$5.00	Mav Be
24	25					Trust Fund Contribution Added to			-	
	9. Name and Address of Curre						10. Name and Address	of New Regist	ered Agent	
				81	Name					
GREIN, MA	ARIE E			82	Street A	Addres	s (P.O. Box Number is No	ot Acceptable)		
	RACE DR N			83				4417		
CLEARWA	TER FL 33765			63						
•				84	City				FL 85 Zip C	Code
office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obligations.	e of Florida. Such change was au	tnorizea	DV I	tne como	corpora ration	ation submits this stateme s board of directors. I her	ent for the purpo eby accept the	se of changing its appointment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered ago	and title if employable (NOTE:	Panietarad	Agen	t signature re	vi benina	then reinstating)	DA	JE	<del></del>
12.		ND DIRECTORS	13.	~gei	t signature re	Addiso #	ADDITIONS/CHANGE			RS IN 12
TITLE	SD	☐ DELETE	1.1 TIT	LΕ					☐ Change	Addition
NAME	BERGER, SUSAN	1.2		ME	1					
STREET ADDRESS	6601 35TH AVE WEST		1.3 STREET ADDRÉSS							
CITY-ST-ZIP	BRADENTON FL 34209		1.4 Cf	1.4 CITY-ST-ZIP						
TITLE	CD			Œ					Change	☐ Addition
NAME	BANSEMER, DENISEL			2.2 NAME			4.	Δ		
STREET ADDRESS			2.3 STREET ADDRESS			15	N. Meteor	rive.		
CITY-ST-ZIP	CLEARWATER FL		2. 4 CfTY-ST-ZłP							- Addition
TITLE	TD	☐ DELETE 3.1							☐ Change	☐ Addition
NAME	GREIN, MARIE E				1					
STREET ADDRESS	2290 TERRACE DR N			3.3 STREET ADDRESS						
CITY-ST-ZIP	CLEARWATER FL 33765	☐ DELETE	3.4. CI		T-ZIP (		<del></del>		Change	Addition
TITLE	VCD	☐ DETE IE	4.1 TII 4. 2 N/							
NAME	BURKLAND, JEANETTE				ADDRESS					
STREET ADDRESS					- 1			•		
CITY-ST-ZIP TITLE	SAFETY HARBOR FL 34695	☐ DELETE	4.4 CT		1-ZIF				Change	Addition
NAME			5.2 NA							
STREET ADORESS			5.3 ST	REET	ADDRESS					•
CITY-ST-ZIP			5.4 Cf	TY-ST	r-zip					
TITLE		☐ DELETE	6.1 TII	ΠĘ					☐ Change	Addition
NAME			6.2 NA	ME					***	
STREET ADDRESS			6.3 ST	REET	ADDRESS			٠	_	
CITY- ST- 7IP			6.4 CF	TY-S1	r-zire					

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:

arie E. Grein 1-14-99 727-799-1552