2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Jan 13, 2004 8:00 am **Secretary of State DOCUMENT #719453** 01-13-2004 90012 027 ****61.25 1. Entity Name FLORIDA SUNCOAST CHAPTER OF THE 99'S, INC. Principal Place of Business Mailing Address 15 N METEOR AVE 15 N METEOR AVE CLEARWATER, FL 33765 US CLEARWATER, FL 33765 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-1594346 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENBERGER, DENISE L Street Address (P.O. Box Number is Not Acceptable) 15 N METEOR AVE CLEARWATER, FL 33765 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SD TITLE X Delete Venmas, Barbara 2003 Dockside Drive WRIGHT, NANCY NAME NASAF STREET ADDRESS 122 HIGHLAND ROAD STREET ADDRESS Lutz, FL CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-ZH CD Change DRF☐ Delete TITLE ☐ Addition GREIN, MARIE NAME NAME 2290 TERRACE DRIVE N STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33765 CITY-ST-7IP CITY-ST-7P ☐ Addition Delete **K** Change TITLE TITLE ROSENBERGER, DENISE L NAME NAME Rosenberger, Denise 15 N METEOR AVE STREET ADDRESS STREET ADDRESS is w. meteor CITY-ST-ZIP CLEARWATER, FL 33765 CITY-ST-ZIP Clearwater TITLE Delete Change Addition Burklund, Jeanne YENINAS, BARBARA NAME NAME 1659 Palmwood Drive 2023 DOCKSIDE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP TITLE ☐ Delete ПημΕ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-7/P

ATURE AND TYPED OR PRINTED NAME OF SIGNS

Delete

☐ Change

Addition 🔲

FILED