

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 719453	
1. Entity Name FLORIDA SUNCOAST CHAPTER OF THE 99'S, INC.	
Principal Place of Business 15 N METEOR AVE CLEARWATER, FL 33765 US	Mailing Address 15 N METEOR AVE CLEARWATER, FL 33765 US



01122005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1594346	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSENBERGER, DENISE L 15 N METEOR AVE CLEARWATER, FL 33765

**DO NOT WRITE
IN THIS SPACE**

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. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BURKLUND, JEANNE 1659 PALMWOOD DRIVE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GREIN, MARIE 2290 TERRACE DRIVE N CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSENBERGER, DENISE L 15 N METEOR AVE CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YENINAS, BARBARA 2023 DOCKSIDE DRIVE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

UG00000229217
02/14/05-80068-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Denise L. Rosenberg* Denise L. Rosenberg 1/12/05 727-449-0014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #