2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 12, 2006 8:00 am Secretary of State

DOCUMENT # 719453				763s.	Secretary of State 07-12-2006 90005 045 ****61.25			
1. Entity Nam FLORIDA	SUNCOAST CHAPTER O	F THE 99'S, INC.			07-12-2000 900	01	23	
Principal Plac 15 N METEO CLEARWATER	R AVE	Mailing Address 15 N METEOR AVE CLEARWATER, FL 33765	US	L IEBNI (SEC) KIE	12 4014 GIRBA BNIBE IIII RÌGAI	81811 81811 81811 81811 8181	 	
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07052006	Chg-NP (CR2E037 (4/06)		
City & State		City & State		4. FEI Number 59-15943	i46	<u> </u>	plied For it Applicable	
Zip	Country	Zip	Country	5. Certificate of	Status Desired [\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New Regis	stered Agent		
ROSENBERGER, DENISE L			Name	Name				
15 N METI			Street Addre		s Not Acceptable)			
					<u> </u>			
			City			FL Zip Code	e 	
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	gistered office or	registered agent, or both,	in the State of Florida	. I am familiar with,	and accept	
1	•							
CICNIATURE								
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Agent signatu	re required when reinstating)		DATE		
	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 ue by September 6, 2006	9. Election Camp Trust Fund Col	aign Financing	stre required when reinstating) \$5.00 May Be Added to Fees	I	check payable to Department of St		
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. D	Filing Fee Is \$61.25 ue by September 6, 2006 OFFICERS AND DI VCD BURKLUND, JEANNE 1659 PALMWOOD DRIVE	9. Election Camp Trust Fund Co	aign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHAN VICE Chairm Mar, lyn 1930 Hask	GES TO OFFICERS A San Shafer Sell Place	e check payable to Department of St AND DIRECTORS IN Change	I 10 Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Menia L Reisenbugo

7/6/06

797-449-0014 Daytime Phone #