

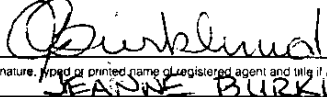
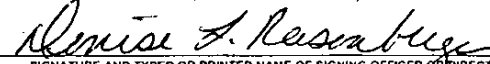


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90046 036 ****61.25

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	
2. Principal Place of Business - No P.O. Box # 1659 Palmwood Dr		3. Mailing Address 1659 Palmwood Dr		 06042007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Clearwater		City & State Clearwater			
Zip 33756		Country USA		4. FEI Number 59-1594346	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROSENBERGER, DENISE L 15 N METEOR AVE CLEARWATER, FL 33765				7. Name and Address of New Registered Agent Name Jeanne Burkland Street Address (P.O. Box Number is Not Acceptable) 1659 Palmwood Dr City Clearwater FL Zip Code 33765	
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  JEANNE BURKLAND (NOTE: Registered Agent signature required when reinstating) DATE 6/1/07					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TD	NAME ROSENBERGER, DENISE L	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME Jeanne Burkland	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 15 N METEOR AVE	CITY-ST-ZIP CLEARWATER, FL 33765		STREET ADDRESS 1659 Palmwood Dr	CITY-ST-ZIP Clearwater, FL 33756	
TITLE VC	NAME SHAHER, MARILYN	<input checked="" type="checkbox"/> Delete	TITLE Chair	NAME Barbara Strachan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1930 HASKELL PL	CITY-ST-ZIP LAND O LAKES, FL 34638		STREET ADDRESS 12501 Wilmerton Rd #241	CITY-ST-ZIP Largo, FL 33774	
TITLE C	NAME FLETCHER, MARY	<input checked="" type="checkbox"/> Delete	TITLE VChair	NAME Dima Haalosh	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 140 POOLE PL	CITY-ST-ZIP OLDSMAR, FL 34677		STREET ADDRESS 1400 Gulf Blvd	CITY-ST-ZIP Clearwater Beach, FL 33767	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE Sec.	NAME Marie Green	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 2290 Terrace Dr. N.	CITY-ST-ZIP Clearwater, FL 33765	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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:  Denise L. Rosenberg <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 6/1/07 Daytime Phone # 727-447-0000	