'FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

THE GULF SUNCOAST BONS VIVANTS, INC.

1112 00	SEL BONGONOT BONG VII											
Principal Place of Business		Mailing Address				'			*** *****	11 G1011 G1611 G1		
4300 CENTRAL ST PETERSBURG		4300 CENTRAL AVE. ST PETERSBURG FL 33711					Incorporated or Q	ualified				
							4. FEI 1	05/30/1975 Number			I IA	pplied For
							li .	59-3092406				ot Applicable
2. Principal Pi	ace of Business	2e. Maili	ng Address									Additional
21	ace of positions	\vdash	26				5. Certi	ificate of Status De	sired			equired
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				6. Flect	tion Campaign Fina	ncina		\$5.00	
22		27	27				1	t Fund Contribution	-		Added t	
City & State	9		City & State				7. Is thi	is nonprofit corpora	tion a ho	meowner	s associatio	on?
23		28	28				☐ Yes 🕡 No					
Zip	Country	Zip	Zip Country				8. This corporation owes or has paid the current year Intangible					
24	25		29 30					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curre	nt Registered	Agent		_		10. Nam	ne and Address of	New Re	gistered	Agent '	
				81		Name						
DUGGAR, ROLFE D. ATTORNEY AT LAW				82	1	Street Ad	dress (P.O. B	ox Number is Not	ole)	,		
	NTRAL AVE.				1							
										-1-1-		
SI. FEIE	ERSBURG FL 33711			84	1	City				FI.	85 Zip	Code
11. Pursuant t	to the provisions of Sections 617.05	02 and 617.15	08. Florida State	ites, the abov	<u> </u> /0-r	named co	orporation sub	mits this statement	for the p	urpose o	changing	its registered
office or re	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Su	ch change was	authorized b	y th	ne corpo	ration's board	of directors. I here	by accer	ot the app	cointment as	s registered
l.	m temiliar with, and accept the oblig	gallons of, 5ec	11011 6 17,0303, F	TOTICA STATUTE	, S.							
SIGNATURE _	Signature, typed or printed name of registered as	jent and title if applic	able (NC	TE: Registered Ac	ent	signature rec	quired when reinsta	ating)		DATE		
12.	OFFICERS AN	ND DIRECTOR	3	13.			ADDI	TIONS/CHANGES 1	O OFFIÇ	ERS AND	DIRECTO	RS IN 12
TITLE	PD	DELETE		1.1 TITLE	1.1 THLE			ME IND			Change	Addition
NAME	BOURG, NICHOLAS		1.21		1.2 NAME		MAL	BROOKS	AU	E M(1	e Ni	
STREET ADDRESS	1484 S HERCULES AVE			1.3 STREE	T AC						- ' '	
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-	ST-	ZIP '	SEMIN		337	12		
TITLE	VPD		DELETE	2.1 TITLE			137-V.	- VPD			Change	Addition
NAME	naylor, june		2.2		2.2 NAME E		EDWA	RD O'CL		IOR,	<u>_</u>	
STREET ADDRESS	13112 NORTH BLVD			2.3 STREE	TAC	DDRESS .	224 5	UN VIS	TA C	sur	(
CITY-ST-ZIP	TAMPA FL			2.4 CITY	-ST-	ZIP]-	TREASU	ire Isla	<u>، لالہ</u>	FL	337	
TITLE	VP .		☐ DELETE	3.1 TITLE					•	_	☐ Change	Addition
NAME	ROBBINS, EVELYN			3.2 NAME								
STREET ADDRESS	8649 N HIMES AVE #819			3.3 STREE	T AL	ODRESS	Z	447				
CITY-ST-ZIP	TAMPA FL			3.4. CITY	- \$1-	ZIP		HALL C				
TITLE	SD		DELETE	4.1 TITLE							Change	Addition
NAME	BEVERLY J. KIME			4. 2 NAM	E	- 1						
STREET ADDRESS	1757 CASTLE ROCK RD.		4.3 STREE	4.3 STREET ADDRESS		1	ATTE					
CITY-ST-ZIP	TAMPA FL 33612			4.4 CITY-	ST-	ZIP	~ 2	TNIC				
TITLE	TD		DELETE	5.1 TETLE		1			-		Change	Addition
NAME	LORRAINE DAVIS			5.2 NAME				_				
STREET ADDRESS	4814 MENDENHALL DRIVE			5.3 STREE	T AE	DORESS	-4	MANE				
CITY-ST-ZIP	TAMPA FL 33603			5.4 CITY-	ST-	ZIP	*	2711.0				
TITLE			DELETE	6.1 TITLE					-	•	Change	Addition
NAME				6.2 NAME								
STREET ADDRESS				6.3 STREE	T AI	DDRESS						

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, of on an attachment with an address.

CITY-ST-ZIP

2/20/98 813 875 2085

FILED

Apr 13 1998 8:00am

Secretary of State