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Feb 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739680 (7)

1. Corporation Name

THE SUNCOAST MUMMERS STRING BAND OF BRADENTON IN
C.

Principal Place of Business

Mailing Address

P.O. BOX 135
P. O. BOX 135
BRADENTON FL 34206

P.O. BOX 135
P. O. BOX 135
BRADENTON FL 34206-0135

3. Date Incorporated or Qualified
07/18/1977

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIEDEMAN, ROBERT
7816 2ND. AVE. N.W.
BRADENTON FL 34209

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WIEDEMAN, ROBERT
STREET ADDRESS 7816 2ND AVE. N.W.
CITY-ST-ZIP BRADENTON FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME WOLFE, ROGER
STREET ADDRESS 5251 ASHTON RD.
CITY-ST-ZIP SARASOTA FL

2.1 TITLE VD
2.2 NAME IRENE WHITACRE
2.3 STREET ADDRESS 3815 FERGUSON ST
2.4 CITY-ST-ZIP SARASOTA FL 34233

TITLE BAD
NAME BOHRER, JOHN
STREET ADDRESS 108 HOLLAND ST
CITY-ST-ZIP ELLENTON FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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, or on an attachment with an address.

SIGNATURE: Robert Wiedeman Robert Wiedeman 2/17/97 (941) 794-5028

CR2E037 (9/96)