


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 P.O. BOX 135 P. O. BOX 135 BRADENTON FL 34206			Mailing Address P.O. BOX 135 P. O. BOX 135 BRADENTON FL 34206		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/18/1977	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1758001	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent WIEDEMAN, ROBERT 7816 2ND. AVE. N.W. BRADENTON FL 34209			10. Name and Address of New Registered Agent		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE PD <input type="checkbox"/> DELETE					
1.2 NAME WIEDEMAN, ROBERT					
1.3 STREET ADDRESS 7816 2ND AVE. N.W.					
1.4 CITY-ST-ZIP BRADENTON FL					
2.1 TITLE VD <input type="checkbox"/> DELETE					
2.2 NAME WHITACRE, IRENE					
2.3 STREET ADDRESS 3815 FERGUSON ST					
2.4 CITY-ST-ZIP SARASOTA FL					
3.1 TITLE BAD <input type="checkbox"/> DELETE					
3.2 NAME BOHRER, JOHN					
3.3 STREET ADDRESS 108 HOLLAND ST					
3.4 CITY-ST-ZIP ELLENTON FL					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



CR2E037 (10/97)

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, or on an attachment with an address.

SIGNATURE: Robert Wiedeman BEQ Robert Wiedeman 1/13/98 (941) 794-5228