

FILE NOW: FILING FEE IS \$61.25

*Amended*

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**740989**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 SEP -6 PM 2:11

DOCUMENT # 740989 (9)  
1. Corporation Name  
**SUNCOAST BETTER BUSINESS FEDERATION, INC.**

Principal Place of Business  
**6460 W. Gulf to Lake Hwy  
Suite #1  
Crystal River FL 34429  
US**

Mailing Address  
**6460 W. Gulf to Lake Hwy  
Suite #1  
Crystal River FL 34429  
US**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

3. Date Incorporated or Qualified  
**12/08/1977**

3a. Date of Last Report  
**5/15/96**

4. FEI Number  
**59-1902730**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent  
**Vitt, Larry E.  
3311 E. Marcia St  
Inverness FL 34453**

10. Name and Address of New Registered Agent  
81 Name  
**Brunswick, Dorothy**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**8054 N. Mary Terrace**  
83  
84 City  
**Crystal River** FL 85 Zip Code  
**34429**

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 *Dorothy M Brunswick* **Dorothy Brunswick, Pres.** 8/23/96  
Signature of Registered Agent (Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	Vitt, Larry E	
STREET ADDRESS	3311 E. Marcia St.	
CITY - ST - ZIP	Inverness FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	Vitt, Phyllis J	
STREET ADDRESS	3311 E. Marcia St	
CITY - ST - ZIP	Inverness FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	Brunswick, Dorothy M.	
STREET ADDRESS	8054 N. Mary Terrace	
CITY - ST - ZIP	Crystal River FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Brunswick, Dorothy M	
13 STREET ADDRESS	8054 N. Mary Terrace	
14 CITY - ST - ZIP	Crystal River FL	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Brunswick, William H	
23 STREET ADDRESS	8054 N. Mary Terrace	
24 CITY - ST - ZIP	Crystal River FL	
31 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Thompson Marilyn N	
33 STREET ADDRESS	9398 W. Mark Ct.	
34 CITY - ST - ZIP	Crystal River FL	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dorothy M Brunswick* **Dorothy Brunswick Pres.** 8/23/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)