

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 748732 (5)  
1. Corporation Name  
INTERNATIONAL HOUSE OF THE SUNCOAST, INCORPORATE  
D



Principal Place of Business

6673 11TH AVE. NORTH  
ST PETERSBURG FL 33710

Mailing Address

6673 11TH AVE. NORTH  
ST PETERSBURG FL 33710

3. Date Incorporated or Qualified  
08/30/1979

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 6673 11th Av., N

26 Same

4. FEI Number  
59-2004961

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 St. Petersburg, FL

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33710

25 Pinellas

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAUS, GILBERT L.  
6673 11TH AVE N.  
ST. PETERSBURG FL 33710

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 V  
NAME STANTON, BERNARD P.  
STREET ADDRESS 5846 MAGNOLIA ST., N.  
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE

1.1 TITLE  
1.2 NAME Hendrickson, Albert D.  
1.3 STREET ADDRESS 704 Canterbury Ln.  
1.4 CITY-ST-ZIP Largo, FL 34640 ☐ Change ☒ Addition

TITLE D  
NAME SHADID, PETER  
STREET ADDRESS 2213 OLD FIELD DR.  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME HOBBS, CLAUDE JR  
STREET ADDRESS 6820 43RD ST N  
CITY-ST-ZIP PINELLAS PARK FL ☒ DELETE

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

TITLE PD  
NAME GRAUS, GILBERT L.  
STREET ADDRESS 6673 11TH AVE N.  
CITY-ST-ZIP ST PETERSBURG FL ☐ DELETE

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

TITLE D  
NAME PRICE, ANNE CE  
STREET ADDRESS 320 SUNSET DRIVE  
CITY-ST-ZIP ST PETERSBURG, FL 0 ☐ DELETE

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

TITLE D  
NAME DAVIS, PHILIP  
STREET ADDRESS 4617-49TH AVENUE, N.  
CITY-ST-ZIP ST PETERSBURG, FL 00000 ☐ DELETE

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

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: Gilbert L. Graus Gilbert L. GRAUS 4-22-96 813-347-0037  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)