

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

2. Principal Place of Business
21 6673 11th Av., N

Suite, Apt. #, etc.

22 City & State
23 St. Petersburg, FL

24 Zip
25 33710

Country
26 Pinellas

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified
08/30/1979

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

4. FEI Number
59-2004961

Applied For
Not Applicable

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

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

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

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

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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)