


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90015 014 ****61.25

005871

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 750024					
1. Corporation Name ANN STURGEON MEMORIAL ROSE GARDEN FUND, INC.					
Principal Place of Business 13401 INDIAN ROCKS ROAD LARGO FL 33774 US			Mailing Address 13401 INDIAN ROCKS ROAD LARGO FL 33774 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		3. Date Incorporated or Qualified 12/04/1979 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				Applied For <input checked="" type="checkbox"/> Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent MCMANUS, R. BRUCE 79 OVERBROOK BLVD. LARGO FL 33540				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			
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAYLOR, VONDA M			1.2 NAME			
STREET ADDRESS	1372 HIBISCUS ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34615			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TORPEY, DOROTHEE			2.2 NAME			
STREET ADDRESS	3244 HILARY CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM HARBOR FL 34684			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILEY, BEN R			3.2 NAME			
STREET ADDRESS	3911 MCKAY CREEK			3.3 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FESSENBECKER, KATHY			4.2 NAME			
STREET ADDRESS	3105 SWAN LN			4.3 STREET ADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REISER, KARL			5.2 NAME			
STREET ADDRESS	2904 SHERWOOD RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS OH			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSATI, CARL A.			6.2 NAME			
STREET ADDRESS	2391 NURSERY ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: Vonda Taylor 1/4/99 (727) 595-2914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

Board Members for Ann Sturgeon Memorial Ro:

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Liz Buchanon - Director
2367-B Flanders Way
Safety Harbor, Fl 34695

Geoffrey Gray - Director
7015 120th St. N.
Seminole, Fl 33772

Roger LaPlume - Director
1600 San Remo Ave.
Clearwater, Fl 33756

Ralph Scheidenhelm - Director
2226 Donato Dr.
Belleair Beach, Fl 34635

George Storm - Director
2882 Gulf-to-Bay Blvd. Lot #212
Clearwater, Fl 33755

Jay Zinn - Director
483 Corvette Dr.
Largo, Fl 33771

Thomas D. Feaster - Director
150 Howard Dr.
Largo, Fl 33770