

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$238.25).

FILED

99 OCT -5 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758389

1. Corporation Name

SUNCOAST SOUND BOOSTERS, INC.

Principal Place of Business

P.O. BOX 1236
LARGO FL 33779

Mailing Address

P.O. BOX 1236
LARGO FL 33779



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified			
21	26	05/18/1981			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number			
22	27	59-1877148			
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip	Country	24	25	29	30

9. Name and Address of Current Registered Agent

ROWLAND, SHAWN
2045 E. BAY DR.
#107
LARGO FL 33771

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	PD
NAME	GANEMER, PAUL	1.2 NAME	LOIS ORLANDO
STREET ADDRESS	10905 BRITANY LN. #13	1.3 STREET ADDRESS	1021 CARDIGAN LN
CITY-ST-ZIP	TAMPA FL 33612	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	T/D	2.1 TITLE	
NAME	ROWLAND, SHAWN	2.2 NAME	
STREET ADDRESS	2045 E. BAY DR. #107	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 33771	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	VD
NAME	MCDERMOTT, EDITH	3.2 NAME	SUSAN FARROW
STREET ADDRESS	10304 BRAMBLEWOOD PLACE	3.3 STREET ADDRESS	1734 GREENHILL DRIVE
CITY-ST-ZIP	TAMPA FL 33624-5003	3.4 CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED

9/29/99

818-238-4368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

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Suncoast Sound Boosters, Inc.
Post Office Box 1236 • Largo, Florida 33779-1236 • 800.485.4299

Oct 1, 1999

Florida Department of State
Annual Report Filings
Reinstatements
409 East Gaines Street
Tallahassee, FL 32399
Tel 850.488.9000

Good Morning:

As per our telephone conversation on 9/30, here is our Annual Report.

I apologize for being late and request that the reinstatement fee be waived. I had just received the notice from our volunteer that checks our mail and found that we had missed the deadline. We are dormant during the months of Aug - Jan and at times we get information slowly from our volunteers. Please reinstate our corporation and send a Certificate of Status. This will not happen again.

Thank you for your understanding.

Sincerely,

Shawn Rowland
Treasurer
818.238.4368 Office
800.749.8888 Pin 3878513 Pager

P.S. Please note that all three attached annual reports are from sister organizations.