


FILE NOW: FILING FEE IS \$61.25

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Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760235 (2)

1. Corporation Name

SUNCOAST ROTARY CLUB OF ST. PETERSBURG, FLORIDA,
INC.

Principal Place of Business P O BOX 14570 ST PETERSBURG FL 33733	Mailing Address P O BOX 14570 ST PETERSBURG FL 33733-4570
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3. Date Incorporated or Qualified 09/30/1981	3a. Date of Last Report 05/21/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 P.O. Box 10328 23 City & State 24 Zip 33733-0328 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 P.O. Box 10328 28 City & State 29 Zip 33733-0328 30 Country	4. FEI Number 59-1859963	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent GREENE, EARL R., JR. 4140 BAYSHORE BLVD. N.E. ST. PETERSBURG FL 33703	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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP	D KASPER, LESTER 8218-33 AV N ST.PETERSBURG FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	S Mary McBride 180 95th Avenue St. Petersburg, FL 33706 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TILLIS, G. B 10556 98TH ST N LARGO FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T Lynn McMurrough 5926 Bayou Grande Blvd NE St. Petersburg, FL 33703 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LICATA, CHRISTOPHER 14301 83RD PL N. SEMINOLE FL 34646 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Licata, Christopher 14301 83rd Pl N Seminole, FL 34646 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCALL, DEBBIE 2208 HORN BLVD CLEARWATER FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D Jane Grossman 132 24th Avenue North St. Petersburg, FL 33704 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, CHARLES 5569 81TH TERR N. PINELLAS PARK FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VP Murray, Charles 6311 Elmhurst Drive Pinellas Park, FL 33782 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAULKNER, RAYMOND 1253 89TH AVE ST.PETERSBURG FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Bob DeGraaf 5729 45th Avenue North St. Petersburg, FL 33709 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do 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.

SIGNATURE *[Signature]* Mary McMurrough 4/22/97 813-823-6955

CR2E037 (9/96)