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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 760235

1. Corporation Name

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

151484 - 90198 - 21

Principal Place of Business

P.O. BOX 14570
P.O. BOX 10328
ST PETERSBURG FL 33733-0328
US

Mailing Address

P.O. BOX 14570
P.O. BOX 10328
ST PETERSBURG FL 33733-0328
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

09/30/1981

4. FEI Number

59-1859963

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

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

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 ☐ DELETE

TITLE **S**
NAME **MCBRIDE, MARY**
STREET ADDRESS **180 95TH AVE.**
CITY-ST-ZIP **ST.PETERSBURG FL**

TITLE **T**
NAME **MCMURROUGH, LYNN**
STREET ADDRESS **5926 BAYOU GRANDE BLVD. N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **P**
NAME **LICATA, CHRISTOPHER**
STREET ADDRESS **14301 83RD PL N.**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **D**
NAME **GROSSMAN, JANE**
STREET ADDRESS **132 24TH AVE. NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D**
NAME **MURRAY, CHARLES**
STREET ADDRESS **6311 ELMHURST DR.**
CITY-ST-ZIP **PINELLAS PARK FL**

TITLE **VD**
NAME **FAULKNER, RAYMOND**
STREET ADDRESS **1253 89TH AVE**
CITY-ST-ZIP **ST.PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Boyle, Lynn**
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **DeGRAAF, Bob**
6.3 STREET ADDRESS **5729 45th Ave N.**
6.4 CITY-ST-ZIP **St. Petersburg, FL 33709**

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: **Lynn Boyle** **REYNOLD Boyle, Treasurer 2/9/99 127-823-6955**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)