FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 APR 20 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760999 (3)

1. Corporation Name

SUNCOAST CHILDREN'S DREAM FUND, INC.

Principal Place of Business	Mailing Address
111 2ND AVE NE 206 ST PETERSBURG FL 33701	111 2ND AVE NE 206 ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2145821 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 33 6th St. S.	26 33 6th St. S.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: St. Petersburg, FL.	28 City & State: St. Petersburg, FL
24 Zip: 33701 25 Country: USA	29 Zip: 33701 30 Country: USA

9. Name and Address of Current Registered Agent

LAKE, CYNTHIA A.
11 2ND AVE. N.E.
STE. 206
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 33 6th St. S.
83
84 City: St. Petersburg FL 85 Zip Code: 33701

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	ST	1.1 TITLE	☒ Change ☐ Addition
NAME	ADAMS, ANGELA M/	1.2 NAME	
STREET ADDRESS	540 4TH ST N	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE T	☒ Change ☐ Addition
NAME	HUDSON, M. THOMAS	2.2 NAME	
STREET ADDRESS	880 CARILLON PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE, FL 00000 33716	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BARBOSA, CAROL	3.2 NAME	
STREET ADDRESS	1751 BRIGHTWATERS BLVD. NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETE, FL 00000 33704	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, CAROL	4.2 NAME	
STREET ADDRESS	201 E. KENNEDY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE S	☒ Change ☐ Addition
NAME	MELBY, CAROLYN	5.2 NAME	
STREET ADDRESS	3015 W. SAN CARLOS ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33629	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	BUSH,PATRICIA	6.2 NAME	
STREET ADDRESS	1600 9TH STREET N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

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)(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: Cynthia A. Lake M. Thomas Hudson Apr. 10, 1995 (813) 892-6736
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
Cynthia A. Lake Treas.

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