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May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 760999 (3)

1. Corporation Name

SUNCOAST CHILDREN'S DREAM FUND, INC.

Principal Place of Business	Mailing Address
33 6TH ST S ST PETERSBURG FL 33701 US	33 6TH ST S ST PETERSBURG FL 33701-4143 US

3. Date Incorporated or Qualified: 12/09/1981
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LAKE, CYNTHIA A.
33 6TH ST S
ST PETERSBURG FL 33701

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WENIGER, CHARLES		1.2 NAME	
STREET ADDRESS	400 4TH STREET NORTH		1.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUDSON, M. THOMAS		2.2 NAME	
STREET ADDRESS	880 CARILLON PARKWAY		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	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 PETERSBURG FL 33704		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRETT, TERRENCE		4.2 NAME	
STREET ADDRESS	4810 CENTRAL AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33710		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HOLMAN, CAROLYN		5.2 NAME	
STREET ADDRESS	3015 W. SAN CARLOS ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MCCOLLUM, RICHARD		6.2 NAME	
STREET ADDRESS	P.O. BOX 2177 (NA)		6.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34649-2177		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: Charlotte Weniger Title: _____ DATE: April 15, 1997 (813) 893-1736