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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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 US

3. Date Incorporated or Qualified: 12/09/1981

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

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

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: Cynthia A. Lake — Executive Director — Jan. 5, 1998
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		DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		Change ☐ Addition ☑
TITLE	P	☐	1.1	VP	☐ ☑
NAME	WENIGER, CHARLES		1.2	John Cannon	
STREET ADDRESS	400 4TH STREET NORTH		1.3	401 E. Jackson, Ste 2900	
CITY-ST-ZIP	ST PETERSBURG FL 33701		1.4	Tampa, FL 33602	
TITLE	P D	☐	2.1	D	☐ ☐
NAME	HUDSON, M. THOMAS		2.2	Debra Faulk	
STREET ADDRESS	880 CARILLON PARKWAY		2.3	250 West Shore Plaza	
CITY-ST-ZIP	ST PETERSBURG FL		2.4	Tampa, FL 33609	
TITLE	D	☐	3.1	D	☐ ☑
NAME	BARBOSA, CAROL		3.2	Janice Mazon	
STREET ADDRESS	1751 BRIGHTWATERS BLVD. NE		3.3	3055 Turtle Brooke	
CITY-ST-ZIP	ST PETERSBURG FL 33704		3.4	Clearwater, FL 34621	
TITLE	D	☒	4.1	D	☐ ☑
NAME	BRETT, TERRENCE		4.2	Brett, Kimberly	
STREET ADDRESS	4810 CENTRAL AVENUE		4.3	420 15 Ave. NE	
CITY-ST-ZIP	ST PETERSBURG FL 33710		4.4	St. Petersburg, FL 33704	
TITLE	S	☐	5.1	D	☐ ☑
NAME	HOLMAN, CAROLYN		5.2	Kevin Malone	
STREET ADDRESS	3015 W. SAN CARLOS ST.		5.3	5510 Gray St	
CITY-ST-ZIP	TAMPA FL		5.4	Tampa, FL 33609	
TITLE	D T	☐	6.1	D	☐ ☑
NAME	MCCOLLUM, RICHARD		6.2	Scott Gramling	
STREET ADDRESS	P.O. BOX 2177 (NA)		6.3	3803 16 St. N.	
CITY-ST-ZIP	LARGO FL 34649-2177		6.4	St. Petersburg, FL 33703	

CR2E037 (10/97)

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.

SIGNATURE: Cynthia A. Lake