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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
Feb 19, 1999 8:00 am
Secretary of State
02-19-1999 90081 010 ****70.00

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DOCUMENT # 760999

1. Corporation Name

SUNCOAST CHILDREN'S DREAM FUND, INC.

77136 · 90081 · 10

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/09/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2145821 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	P	☐ 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	D	☐ 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, KIMBERLY		4. 2 NAME		
STREET ADDRESS	425 15TH AVE. N.E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33704		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	T	☐ 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 (11/98)

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: Charles Weniger FREDERICK Weniger Jr. President 1/21/99 727 896-8185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #