## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mork Jam

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

P.O. BOX 40455 ST. PETERSBURG FL 33743

761326

(8)

Mailing Address

P.O. BOX 40455 ST. PETERSBURG FL 33743

SUNCOAST RUNNERS CLUB, INC.

FILED						
Jun	11	1998	8:00am			
Se	ecre	etary c	of State			

3. Date Incorporated or Qualified 12/31/1981

				4. FEI Number	Applied For
				59-2132803	Not Applicable
2. Principal Place of Business 21		2a. Mailing Addres		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, et	C.	6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?	
3		28		Yes	□ No
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	eur wedistelen wäeur	81 Name	10. Name and Address of New Registers	o Agent
	ustine ID <b>ave</b> nue n. Er <b>ŝb</b> urg fl 33713		1.1.4	Justine allen (Nen adress (P.O. Box Number is Not Acceptable)	85 Zip_Code
11. Pursuant t	to the provisions of Sections 617.0	502 and 617.1508, Florida	Statutes, the above-named	corporation submits this shalement for the purpose oration's board of directors. I hereby accept the a	L 337/3
agent. I al	m familiar with, and accept the off	ngations of, Section 617.05	33, Fiorida Statutes.	6)6/97	ppointment as registered
	Signature, typed or printed name of registered		(NOTE: Registered Agent signature r		
<u>12.                                      </u>		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PO	DELE		PO	Change
NAME	VOORHIS, JOHN	f	1.2 NAME	Dan Theland	·
STREET ADDRESS	\$000 16TH ST., N		1.3 STREET ADDRESS	535 Century Drue	
CITY-ST-ZIP	<b>\$</b> T. PETERSBURG FL		1.4 CITY-ST-ZIP	latgo, FL	
TITLE	VD	DELE	TE 2.1 TITLE	Charles Jans VR	Change Additio
NAME	THETARD, DAN	,	2.2 NAME	6398 Wasoland Blud	•
STREET ADDRESS	535 CENTURY DRIVE		2.3 STREET ADDRESS		665
CITY-ST-ZIP	L'ARGO FL		2. 4 CITY-ST-ZIP	11000000 120-121-12-04	
TITLE	TD	☐ DEFE.	E 3.1 TITLE	TD 1 - 1	Change
NAME	<b>NE</b> RI, JUSTINE		3.2 NAME	Allow Justing	
STREET ADDRESS	<b>46</b> 38 2ND AVE N		3.3 STREET ADDRESS	APER Sugar. N.	
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CITY-ST-ZIP	St Potenslower FL	
TITLE	\$	DELE	E 4.1 TITLE	0	☐ Change ☐ Addition
NAME	VOORHIS, JILL		4.2 NAME	-	
STREET ADDRESS	3000 16TH ST., N		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELE			☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	•		5.4 City-St-Zip		
TITLE		☐ DELE			Change Addition
NAME		<u> </u>	6.2 NAME		<del>-</del>
l			E & STREET ADDRESS I		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 CITY - ST-ZIP		

Indicated on this annual report of 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 a 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.