Applied For

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 762267

ADVERTISING FEDERATION OF THE SUNCOAST, INC.

Principal Place of Business
4070 WESTBOURNE CIR SARASOTA FL 34238
US

Suite, Apt. #, etc.

2. Principal Place of Business

Mailing Address

PO BOX 49843 SARASOTA FL 34230

2a. Mailing Address

Suite, Apt. #, etc.

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|--|--|--|--|--|--|

3. Date Incorporated or Qualifed

03/03/1982

4. FEI Number

22		27					0972412309		NOT	Applicable
City & Stat	е		City & State				5. Certifcate of Status Desired		\$8.75 A	
23		28	-							
— Žip	Country	\vdash	Zip	Coun	ıtry		6. Election Campaign Financing		\$5.00	•
24	25	29		30			Trust Fund Contribution		Added to	rees
	9. Name and Address of Current	Regist	ered Agent	\longrightarrow	1		10. Name and Address of New Re	egistered /	Agent	
					81	Name				
SANCHEZ	ALRERT A JIR COLOR			-	82	Street Ac	dress (P.O. Box Number is Not Acceptat	ole)		
SANCHEZ, ALBERT A., JR. 1914 1133 4TH STREET (2) 1944				- [Oll COL / N	(.c. box Hallioor la Hall isospial	,		
					83				•	
SARASUI	A-FL-34236 (1995)			L	_				I I	
	•			-	84	City		FL	85 Zip C	ode
44 5	60.000		7 4500 Florido Clotuto	- the eb		namad a	proporation submits this statement for the p		changing its a	registered
office or r	egistered agent, or both, in the State o	of Florida	a. Such change was au	thonzed	by t	ine corpora	ation's board of directors. I hereby accept	the appoir	ntment as reg	istered
agent. I a	m familiar with, and accept the obligati	ions of,	Section 617.0503, Flori	da Statut	tes.					
SIGNATURE							dend observed when he was a second or second o	DATE		
12.	Signature, typed or printed name of registered agent OFFICERS ANI		<u>.:</u>	Registered A	ngent	signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF	_	D DIRECTO	RS IN 12
TITLE	· · · · · · · · · · · · · · · · · · ·	ם מותבנ	DELETE	1,1 TITL	F	10	•		Change	X Addition
·	D .		Jog Dezerie	1.2 NAM			LONGO, SHEILA			_
NAME	BILKIE, DAVE,									
STREET ADDRESS	2065 CANTU COURT			1.3 STR	REET		fioi hind or			
CITY-ST-ZIP	SARASOTA FL 34232			1A CIT	Y-ST	-ZIP S	ARASOTA FL 34241			
TITLE	P		☐ DELETE	2.1 TITI	LE				Change	☐ Addition
NAME .	CAMPBELL, ED			2.2 NA	ME					
STREET ADDRESS	4904 OAK LEAF DR.			2.3 STR	REET	ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34233			2.4 CIT	ry si	T ZIP	·			-
TITLE	V		☐ DELETE	3.1 TITL	Œ				Change	Addition
NAME	BELL, DEBBIE			3.2 NAM	ME					
STREET ADDRESS				3.3 STE	REET	ADDRESS				
	BRADENTON FL 34210			3.4. CIT						
CITY-ST-ZIP	T		□ DELETE	4.1 TITL		, 411			Change	☐ Addition
	CDANE DAVID			4. 2 NA						_
NAME	CRANE, DAVID			1		ADDDESS				
STREET ADDRESS	4070 WESTBOURNE CIR		•			ADDRESS		•		
CITY-ST-ZIP	SARASOTA FL 34238		□ DELETE	4.4 CIT		-ZIP			☐ Change	Addition
TITLE	D		□ DEFE IE	5.1 TITU 5.2 NAM						
NAME	SMITH, STEVE				_					
STREET ADDRESS	7001 23RD AVE W.			5.3 STF	REET	ADDRESS				
CITY-ST-ZIP	BRANDENTON FL 34209			5.4 CIT		-ZIP				
TITLE	D		DELETE	6.1 TITL	LE		D		Change	Addition
NAME (ATT)	HARDING; KAREN			6.2 NAA	ME	-	THOMAS NORM			
	550 BIRDIE LANE			6.3 STF	REET	ADDRESS 4	THOMAS, NORM 4152 INDEPENDENCE C	T. C.	3	
	LONGBOAT KEY FL 34228			6.4 CIT	Y-ST	-ZIP (SPRASUTA FL 34234	-		
OUT-01-AB 43	LONGOON INCI FL STEED	h thia fili	na done not qualify for			on ototod i	n Section 119.07(3)(i), Florida Statutes. I	further cor	lifu that the in	formation

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 attendment with an address, with all other like empowered.

SIGNATURE: