

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90062 033 \*\*\*\*70.00

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**DOCUMENT # 770101**

1. Corporation Name

**SUNCOAST WORKFORCE DEVELOPMENT BOARD, INC.**

Principal Place of Business

1750 17TH STREET  
BLDG J-2  
SARASOTA FL 34234  
US

Mailing Address

1750 17TH STREET  
BLDG J-2  
SARASOTA FL 34234  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/02/1983

4. FEI Number

59-2334811

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

9. Name and Address of Current Registered Agent

KRESS, MARY HELEN  
1089 LAUREL WOODS DR  
NOKOMIS FL 34275

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME EPPARD, RENEE  
STREET ADDRESS 2000 WEBBER ST  
CITY-ST-ZIP SARASOTA FL

TITLE D ☐ DELETE  
NAME ISABEL SCOTT NORTON  
STREET ADDRESS 7524 COMMERCE PL  
CITY-ST-ZIP TALLEVAST FL

TITLE D ☐ DELETE  
NAME WILSON, NED B PHD  
STREET ADDRESS 5250 17TH STREET  
CITY-ST-ZIP SARASOTA FL 34235

TITLE M ☐ DELETE  
NAME MARY HELEN KRESS  
STREET ADDRESS 1089 LAUREL WOODS DR.  
CITY-ST-ZIP NOKOMIS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME David May  
1.3 STREET ADDRESS 1819 Main Street, Ste 240  
1.4 CITY-ST-ZIP Sarasota, FL 34236

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Isabel Scott Norton  
2.3 STREET ADDRESS 1500 North Drive  
2.4 CITY-ST-ZIP Sarasota, FL 34239

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME Ned B. Wilson, Ph.D.  
3.3 STREET ADDRESS 2601 Cattlemen Rd.  
3.4 CITY-ST-ZIP Sarasota, FL 34232

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Mary Helen Kress*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Helen Kress

3-31-99 (941) 361-6090

Date

Daytime Phone #

CR2E037-(11/98)