


FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01641 (2)

1. Corporation Name
SUNCOAST VIETNAM VETERANS OF PINELLAS COUNTY, IN C.

Principal Place of Business 2840 W BAY DR BELLEAIR BLUFFS FL 34640 US	Mailing Address 2840 W BAY DR 319 BELLEAIR BLUFFS FL 33770-2620 US
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2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/24/1984		3a. Date of Last Report 03/18/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2950208		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent RUHLOW, RAYMOND W 1300 S EVERGREEN AVE CLEARWATER FL 3466				10. Name and Address of New Registered Agent			
				81 Name John OTT			
				82 Street Address (P.O. Box Number is Not Acceptable) 2504 GULF BLVD #201			
				83			
				84 City Indian Rocks Beach FL 85 Zip Code 33785			

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 617.0003, Florida Statutes.

SIGNATURE *[Signature]* DATE **4/1/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIRONARD, LYLE			1.2 NAME	LYLE GIRONARD		
STREET ADDRESS	12422 RIDGE RD			1.3 STREET ADDRESS	12422 RIDGE RD		
CITY-ST-ZIP	LARGO FL 34648			1.4 CITY-ST-ZIP	LARGO, FL 33778-2519		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUHLOW, RAYMOND			2.2 NAME	WAYNE WATSON		
STREET ADDRESS	1300 S EVERGREEN AVE			2.3 STREET ADDRESS	10048 NASSAU CT		
CITY-ST-ZIP	CLEARWATER FL 34616			2.4 CITY-ST-ZIP	SEMINOLE, FL 33776-1302		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VITEL, MIKE			3.2 NAME	MICHAEL VITEL		
STREET ADDRESS	5569 56TH WAY N			3.3 STREET ADDRESS	5569 56TH WAY N		
CITY-ST-ZIP	KENNETH CITY FL 33709			3.4 CITY-ST-ZIP	KENNETH CITY, FL 33709		
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESTELL, WILLIAM			4.2 NAME	WILLIAM ESTELL		
STREET ADDRESS	5416 63RD WAY N			4.3 STREET ADDRESS	5416 63RD WAY N		
CITY-ST-ZIP	ST PETERSBURG FL			4.4 CITY-ST-ZIP	ST PETERSBURG, FL 33709		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHNEIDER, NICK			5.2 NAME	DAVID VALDEZ		
STREET ADDRESS	4909 PRESIDENTIAL ST			5.3 STREET ADDRESS	2743 EDWARDS AVE S		
CITY-ST-ZIP	SEFFNER FL 33584			5.4 CITY-ST-ZIP	ST PETERSBURG, FL 33705-3650		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	T/S/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	John OTT		
STREET ADDRESS				6.3 STREET ADDRESS	2504 GULF BLVD #201		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	INDIAN ROCKS Bch, FL 33785-3069		

14. I do 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: *[Signature]* DATE **4/1/97** DAYTIME PHONE # **813-595-5450**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)