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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 34640 US
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2. Principal Place of Business 21 2840 W BAY DR	2a. Mailing Address 26 2840 W BAY DR
Suite, Apt. #, etc. 22 319	Suite, Apt. #, etc. 27 319
City & State 23 BELLEAIR BLUFFS, FL	City & State 28 BELLEAIR BLUFFS, FL
Zip 24 33770-266	Country 25 USA
Zip 29 33770-266	Country 30 USA

3. Date Incorporated or Qualified 02/24/1984	4. FEI Number 59-2950208	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**OTT, JOHN
2504 GULF BLVD, #201
INDIAN ROCKS BEACH FL 33785**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				FL

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 *John C. Ott Jr* DATE *1/12/98*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIRONARD, LYLE	
STREET ADDRESS	12422 RIDGE RD	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, WAYNE	
STREET ADDRESS	10048 NASSAU CT	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VITEL, MIKE	
STREET ADDRESS	5569 56TH WAY N	
CITY-ST-ZIP	KENNETH CITY FL 33709	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ESTELL, WILLIAM	
STREET ADDRESS	5416 63RD WAY N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VITEL, MICHAEL	
STREET ADDRESS	5569 56TH WAY NORTH	
CITY-ST-ZIP	KENNETH CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ESTELL, WILLIAM	
STREET ADDRESS	5416 63RD WAY NORTH	
CITY-ST-ZIP	ST PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEVE SHEPHERD	
1.3 STREET ADDRESS	PO BOX 266	
1.4 CITY-ST-ZIP	THONOTOSASSA FL 33592	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MIKE VITEL	
2.3 STREET ADDRESS	5569 56TH WAY N	
2.4 CITY-ST-ZIP	KENNETH CITY FL 33709	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BILL ESTELL	
3.3 STREET ADDRESS	5416 63RD WAY N	
3.4 CITY-ST-ZIP	ST. PETERSBURG FL 33709	
4.1 TITLE	TSO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John OTT	
4.3 STREET ADDRESS	2504 GULF BLVD #201	
4.4 CITY-ST-ZIP	INDIAN ROCKS Bch FL 33785	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EDWIN HARRIS	
5.3 STREET ADDRESS	1225 26TH ST N	
5.4 CITY-ST-ZIP	ST. PETERSBURG FL 33713	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GERALD POGUE	
6.3 STREET ADDRESS	25020 ACORN DR	
6.4 CITY-ST-ZIP	LAND O' LAKES FL 34639	

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.

SIGNATURE: *John C. Ott Jr* DATE *1/12/98* 813 595-5450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)