

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Aug 25, 1999 8:00 am**  
**Secretary of State**

08-25-1999 90004 011 \*\*\*\*61.25

DOCUMENT # **N01641**

1. Corporation Name

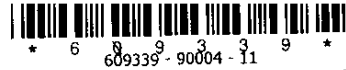
**SUNCOAST VIETNAM VETERANS OF PINELLAS COUNTY, IN C.**

Principal Place of Business

Mailing Address

2840 W BAY DR  
319  
BELLEAIR BLUFFS FL 33770-2620  
US

2840 W BAY DR  
SUITE 319  
BELLEAIR BLUFFS FL 33770-2620  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/24/1984

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2950208

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS SHEPHERD, STEVE  
CITY-ST-ZIP P O BOX 266  
THONOTOSASSA FL 33592

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME PD  
STREET ADDRESS VITEL, MIKE  
CITY-ST-ZIP 5569 56TH WAY BN  
KENNETH CITY FL 33709

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS ESTELL, BILL  
CITY-ST-ZIP 5416 63RD WAY N  
ST PETERSBURG FL 33709

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME TSD  
STREET ADDRESS OTT, JOHN  
CITY-ST-ZIP 2504 GULF BLVD #201  
INDIAN ROCKS BEACH FL 33785

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

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS HARRIS, EDWIN  
CITY-ST-ZIP 1225 26TH ST N  
ST PETERSBURG FL 33713

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

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS POGUE, GERALD  
CITY-ST-ZIP 25020 ACORN DR  
LAND O LAKES FL 34639

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/20/99 727 595-5450

CR2E037 (5/99)