

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000003335

1. Entity Name
**BOYS & GIRLS CLUBS OF THE SUNCOAST
FOUNDATION, INC.**



Principal Place of Business
**4699 CENTRAL AVENUE
ST. PETERSBURG, FL 33713**

Mailing Address
**4699 CENTRAL AVENUE
ST. PETERSBURG, FL 33713**



01032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5598246

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DUGGAR, ROLFE D
4699 CENTRAL AVENUE
ST. PETERSBURG, FL 33713**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUGGAR, ROLFE D TRUSTEE 4699 CENTRAL AVENUE ST. PETERSBURG, FL 33713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINNER, HAROLD TRUSTEE P.O. BOX 14517 ST. PETERSBURG, FL 33733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICARDO, RONALD M TRUSTEE 1401 COURT STREET ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAWSON, MARK C TRUSTEE 410 CENTRAL AVE. ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKRIDGE-WILLIAMS, JANICE TRUSTEE 1697 66TH AVE S. ST PETERSBURG, FL 33712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000856274
03/28/08-80004-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/05/2008

Date

(727)328-1944

Daytime Phone #