

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N14236

1. Entity Name
SUNCOAST CONCHOLOGISTS, INC.



Principal Place of Business
P.O. 1564
PALM HARBOR, FL 34682-8564

Mailing Address
P.O. 1564
PALM HARBOR, FL 34682-8564



01132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2458546
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, KATHERINE
682 GREEN VALLEY ROAD C-2
PALM HARBOR, FL 34683

**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, 2004**

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
VD
PETRIKIN, CAROLYN
2550 SWEETGUM WAY WEST
CLEARWATER, FL 33761

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
TOTTEN, SHARLENE
2252 SPRINGFLOWER DR
CLEARWATER, FL 33763

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
SMITH, KATHERINE
682 GREEN VALLEY ROAD C-2
PALM HARBOR, FL 34683

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
AKERS, MARY E
1244 EDENVILLE AVE
CLEARWATER, FL 34624

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1000000098641
03/29/04-80048-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 all other like empowered.

SIGNATURE

Katherine E. Smith

3/26/04

727-785-3492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Katherine E. Smith, Treasurer