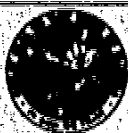


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 PM 1:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

DOCUMENT # N14599 (7)

1. Corporation Name

THE SUNCOASTERS, INC. OF PINELLAS COUNTY

Principal Place of Business

Mailing Address

**C/O ELEANOR K. SPIRES
14130 ROSEMARY LANE, APT. 3301
LARGO FL 34644-2919
US**

**% ELEANOR K. SPIRES
14130 ROSEMARY LANE, APT. 3301
LARGO FL 34644-2919
US**

3. Date Incorporated or Qualified

04/22/1986

3a. Date of Last Report

04/22/1994

4. FB Number

59-2636056

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

7. Nonprofit with IRS 501(c)(3)

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 183.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPIRES, ELEANOR K.
CONDO #3301
14130 ROSEMARY LANE
LARGO FL 34644-2919**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Eleanor K. Spires

MRS. ELEANOR K. SPIRES

4/18/95

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	DUNLOP, KAY
STREET ADDRESS	595 LENTZ AVE
CITY - ST - ZIP	BELLAIR BLUFFS FL
TITLE	PD
NAME	HESTERMAN, MARY
STREET ADDRESS	499 BATH CLUB BLVD, N
CITY - ST - ZIP	NORTH REDINGTON BCH FL
TITLE	VD
NAME	HESTERMAN, MARY
STREET ADDRESS	13433 104TH AVE. N.
CITY - ST - ZIP	LARGO FL
TITLE	TD
NAME	JOHNSON, CECILIA
STREET ADDRESS	13840 JOYCE DR
CITY - ST - ZIP	LARGO FL
TITLE	ASD
NAME	SPIRES, ELEANOR
STREET ADDRESS	141 BO ROSE MARY LANE, #3301
CITY - ST - ZIP	LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	SD	☒ Change ☐ Addition
1.2 NAME	DUNLOP, KAY	
1.3 STREET ADDRESS	595 Lentz Road	
1.4 CITY - ST - ZIP	Bellair Bluffs, Fla 34640	
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME	VAN DYKE-LUDWIG, NORMANDEE	
2.3 STREET ADDRESS	499 Bath Club Blvd. N.	
2.4 CITY - ST - ZIP	North Redington Beach, Fla 33708	
3.1 TITLE	VD	☒ Change ☐ Addition
3.2 NAME	BALDWIN, MADELINE	
3.3 STREET ADDRESS	11700 108th Court N.	
3.4 CITY - ST - ZIP	Largo, Fla 34648	
4.1 TITLE	TD	☒ Change ☐ Addition
4.2 NAME	MASTERS, LURENA	
4.3 STREET ADDRESS	13864 Dominica Drive	
4.4 CITY - ST - ZIP	Tampa, Fla 34646	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Eleanor K. Spires

ELEANOR K. SPIRES

4/18/95

1-813-596-9747

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

(Date)

(Telephone Number)