FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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. FEI Number: 59-2636056 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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: X Eleanor K. Spires MRS. ELEANOR K. SPIRES 4/18/95
(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	SD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	DUNLOP, KAY	1.2 NAME	DUNLOP, KAY	
STREET ADDRESS	595 LENTZ AVE	1.3 STREET ADDRESS	595 Lentz Road	
CITY-ST-ZIP	BELLAIR BLUFFS FL	1.4 CITY-ST-ZIP	Bellair Bluffs, Fla 34640	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	HESTERMAN, MARY	2.2 NAME	VAN DYKE-LUDWIG, NORMANDEE	
STREET ADDRESS	499 BATH CLUB BLVD, N	2.3 STREET ADDRESS	499 Bath Club Blvd. N.	
CITY-ST-ZIP	NORTH REDINGTON BCH FL	2.4 CITY-ST-ZIP	North Redington Beach, Fla 33708	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	HESTERMAN, MARY	3.2 NAME	BALDWIN, MADELINE	
STREET ADDRESS	13433 104TH AVE. N.	3.3 STREET ADDRESS	11700 108th Court N.	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	Largo, Fla 34648	
TITLE	TD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	JOHNSON, CECILIA	4.2 NAME	MASTERS, LURENA	
STREET ADDRESS	13840 JOYCE DR	4.3 STREET ADDRESS	13864 Dominica Drive	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	Tampa, Fla 34646	
TITLE	ASD	5.1 TITLE		☐ Change ☐ Addition
NAME	SPIRES, ELEANOR	5.2 NAME		
STREET ADDRESS	141 80 ROSE MARY LANE, #3301	5.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 119.07(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: X 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 — Daytime Phone #

0097142