

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90086 041 ****61.25

DOCUMENT # N14599

1. Corporation Name

THE SUNCOASTERS, INC. OF PINELLAS COUNTY

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

04/22/1986

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

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 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

TITLE SD
NAME MACPHERSON, ANN
STREET ADDRESS 12090 MEADOW BROOK LN
CITY-ST-ZIP LARGO FL

☒ DELETE

TITLE P
NAME PAULL, DOLORES
STREET ADDRESS 8940-140TH ST
CITY-ST-ZIP SEMINOLE FL 33776

☒ DELETE

TITLE VP
NAME SPRAGUE, VIVIAN
STREET ADDRESS 11592 SHELLY CIR
CITY-ST-ZIP SEMINOLE FL 33772

☒ DELETE

TITLE T
NAME SCOTT, LORETTA
STREET ADDRESS 22224 BELMAR ST
CITY-ST-ZIP BELFAIR BLUFFS FL 33770

☒ DELETE

TITLE ASD
NAME SPIRES, ELEANOR
STREET ADDRESS 1413 ROSEMARY LN #3301
CITY-ST-ZIP LARGO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SEC.
1.2 NAME McDONALD, ANNE
1.3 STREET ADDRESS 11590 SHELLY CIR.
1.4 CITY-ST-ZIP SEMINOLE, FLA. 33772

☒ Change ☐ Addition

2.1 TITLE P
2.2 NAME SPRAGUE, VIVIAN
2.3 STREET ADDRESS 11592 SHELLY CIR.
2.4 CITY-ST-ZIP SEMINOLE, FLA. 33772

☒ Change ☐ Addition

3.1 TITLE VP
3.2 NAME BOWLAND, EDITH
3.3 STREET ADDRESS 13800 JOYCE DR.
3.4 CITY-ST-ZIP LARGO, FLA. 33774

☒ Change ☐ Addition

4.1 TITLE TREAS.
4.2 NAME BRADLEY, ANNE
4.3 STREET ADDRESS 7100 ULMERTON RD. #544
4.4 CITY-ST-ZIP LARGO, FLA. 33771

☒ Change ☐ Addition

5.1 TITLE ASD
5.2 NAME SPIRES, ELEANOR #3301
5.3 STREET ADDRESS 14130 ROSEMARY LN.
5.4 CITY-ST-ZIP LARGO, FLA. 33774

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: ELEANOR K. SPIRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 727-596-9947

Date Daytime Phone #

CR2E037 (11/98)