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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N14863** **(7)**

1. Corporation Name

SUNCOAST NEW NEIGHBORS, INC.

Principal Place of Business	Mailing Address
% JOYCE CHERRY 1855 PINE CONE CIRCLE, SUITE 22 CLEARWATER FL 34620	% JOYCE CHERRY 1855 PINE CONE CIRCLE, SUITE 22 CLEARWATER FL 34620-5350

3. Date Incorporated or Qualified: 05/12/1986
3a. Date of Last Report: 03/21/1996

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

4. FEI Number: 59-2866487 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHERRY, JOYCE
1855 PINE CONE CIRCLE #22
SUITE 22
CLEARWATER FL 34620

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 Joyce Cherry DATE 2/13/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	HOFFMAN, ELLIE		1.2 NAME	
STREET ADDRESS	106 TANGLEWOOD COURT		1.3 STREET ADDRESS	Bert Dassing 2630 Gary Circle - apt. 703
CITY-ST-ZIP	SAFETY HARBOR FL		1.4 CITY-ST-ZIP	Dunedin, Fl. 34698
TITLE	VP	☐ DELETE	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	GRIMM, VIVIAN		2.2 NAME	Phyllis Libby
STREET ADDRESS	126 OLD OAK CIRCLE		2.3 STREET ADDRESS	2590 Gary Circle - apt. 304
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	Dunedin, Fl. 34698
TITLE	S	☐ DELETE	3.1 TITLE	S ☒ Change ☐ Addition
NAME	DASSING, BERT		3.2 NAME	Anne Lane
STREET ADDRESS	39650 US HWY 19 N., #426		3.3 STREET ADDRESS	1655 Cinnamon Lane
CITY-ST-ZIP	TARPON SPRINGS FL		3.4 CITY-ST-ZIP	Dunedin, Fl. 34698
TITLE	T	☐ DELETE	4.1 TITLE	T ☒ Change ☐ Addition
NAME	SJEIME, PAT		4.2 NAME	Mary Louise VanSkiver
STREET ADDRESS	2671 SABAL SPRINGS CIRCLE, #A103		4.3 STREET ADDRESS	2914 Pl. S. 19 N. - #86
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP	Clearwater, Fl. 34621
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CHERRY, JOYCE		5.2 NAME	
STREET ADDRESS	1855 CONE CIRCLE #22		5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LUTHER, JUDY		6.2 NAME	
STREET ADDRESS	10 GREENHAVEN CIRCLE		6.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED Joyce Cherry 2/13/97 (813)531-9178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0067268