Applied For

\$8.75 Additional

Not Applicable

## **FILE NOW: FILING FEE IS \$61.25**

City & State

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N14863**

1. Corporation Name

City & State

SUNCOAST NEW NEIGHBORS, INC.

Principal Place of Business	Mailing Address					
% JOYCE CHERRY 1855 PINE CONE . APT 22 CLEARWATER FL 33760 US	% JOYCE CHERRY 1855 PINE CONE CIRCLE, APT 22 CLEARWATER FL 33760 US					
2. Principal Place of Business	2a. Mailing Address					
21						
Suite, Apt. #, etc.	Suite, Apt. #, etc.					

**FILED** Feb 27, 1999 8:00 am § Secretary of State

02-27-1999 90098 046 \*\*\*\*61.25



3. Date incorporated or Qualifed

05/12/1986 4. FEI Number

59-2866487

City & Stat	<del>e</del>	City & State	,			5. Certifcate of Status	Desired		Fee Rec		
23	Country	Zip	Cou	ntn/		6 5)	Financia e			<u>'</u>	
Zip	Country 25	21p	30	nu y		Election Campaign Financia  Trust Fund Contribution			g \$5.00 May Be Added to Fees		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent							
	o. Harrie and Address of Carrent	ogiotoroa riga	······	81	Name						
						<del></del>					
CHERRY, JOYCE			82	Street Address (P.O. Box Number is Not Acceptable)							
1855 PINE CONE CIRCLE #22			83		<del></del>						
SUITE 22											
CLEARWA	TER FL 34620			84	City	•		FL	85 Zip C	ode	
44 December 19 September 19 Sep										egistered	
office or registered agent for 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 ar	od title if applicable	(NOTE: Registered	Agent	signature required	when reinstating)		DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANG	SES TO OF	FICERS AND	DIRECTOR	RS IN 12	
TITLE	Р	₽ DELET	E 1,1 TIT	LE	Pa	i ha	• ,		Change	Addition	
NAME	GILLISPIE, SUE		1.2 NA	ME	K	isolil Mr	rried				
	GILLISFIE, SOE			TREET ADDRESS 931 Hillsile Drive							
	O I I MUOTER DITTE			TY-ST-ZP Palm Harbon Feb. 34683							
CITY-ST-ZIP	CLEARWATER FL 33761 14 CI				VP	, , , , ,	- / - /		Change	Addition	
NAME	FREEMAN, VI	_	22 NA		Osc	see Cherry					
	•				ADDRESS / 8	55 Pine Con	e Circ	le			
STREET ADDRESS	2728 SAND HOLLOW COURT		2.4 C		100	the text	El. !	3740-	5350	>	
CITY-ST-ZIP	CLEARWATER FL 33761	PT DELET	40.0		5	amanc,	, , <u>, , , , , , , , , , , , , , , , , </u>		Change	☐ Addition	
NAME	S	Q	3.2 NA		Her	trule Wee	Thum	L -	_ `	_	
	HISEY, BEVERLY				ADDRESS 30 6	11 State Box	1590	+503	}		
STREET ADDRESS	2537-J ROYAL PINE CIRCLE		3.4. C		71	muster Fly	33	759-	2553		
CITY-ST-ZIP TITLE	CLEARWATER FL 33763	F DELET			7	the second		<del>,                                    </del>	Change	Addition	
	I DUBY SAY		4 2 N		Ya	y Malinou	uki.	ص	, ,	_	
NAME	RUBY, FAY				ADDRESS 24	64 austral	in W	sy Eni	ケーチェス	ا را	
	2808 DELACHAISE COURT				0.0	Clean water, Fl. 33763-3819					
CITY-ST-ZIP	CLEARWATER FL 33761	DELET	4.4 CT		-21 CCC	www.w		20700	Change	Addition	
TITLE	D	_ 0	5.2 NA		the	ce Cherry					
NAME	CHERRY, JOYCE	_			ADDRESS /83	53 Pine cone	Circle				
STREET ADDRESS	1000 I HILL COINE ON OLE 741 12	2	1	TY-ST		t. Fi	2 43	760-5	3.50	}	
CITY-ST-ZIP	CLEARWATER FL 33760	IT DELET			P.	Marie	<u>., 33</u>	100 3	Change	Addition	
TITLE	D DODGE AND DE LA	الم المحدد ا	6.2 NA		1 L	lem novas	RU C	.01			
NAME	BROPHY, MARILYN				ADDRESS 70	1 Hammoc		Zelod			
STREET ADDRESS	3297 VALEMOOR DRIVE				00.	vivater, F	<i>l</i> : 5	3761		{	
CITY-ST-ZIP	PALM HARBOR FL 34685		6.4 CI	TY-ST	-211	~ - · · · · / · / /	- 1 <u>- 2</u>		ifu that the in		

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 informatic 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.