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Mar 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **N23804** (0)  
1. Corporation Name  
**SUNCOAST COMMUNITY SUPPORT AUXILLIARY INC.**



Principal Place of Business Mailing Address  
**C/O BANKS. BONNIE**  
**13203 106TH AVE N POB 517**  
**LARGO FL 34644**  
**US**  
**CURRENT ZIP 33774-5511**

3. Date Incorporated or Qualified **12/07/1987** 3a. Date of Last Report **02/12/1996**

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

4. FEI Number **59-2872510** 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

10. Name and Address of New Registered Agent

**BANKS, MEL**  
**13203 106TH AVE N**  
**LARGO FL 34644**

NOTE\*\*\*

**MR. BANKS WAS DECEASED**  
**JANUARY 5, 1996**

**81** Name **THERESA BENT**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83** **7460 118TH TERRACE NORTH**  
**84** City **LARGO, FL** **85** Zip Code **33773-3249**

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 **THERESA BENT**

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 NAME STREET ADDRESS CITY-ST-ZIP  
**PD BANKS, BONNIE 13203 106 AVE. N. SEMINOLE FL**  
**SD KELLY, VIRGINIA 17740 WALL CIRCLE REDINGTON SHORES FL**  
**TD DUGAN, IDA 10707 53RD AVE. N. #4 ST. PETERSBURG FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP  
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP  
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP  
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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 **BONNIE BANKS, PRESIDENT**

**Bonnie Banks Pres.** x **03/12/97**

CR2E037 (9/96)