

FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23804** (0)
1. Corporation Name
SUNCOAST COMMUNITY SUPPORT AUXILLIARY INC.



Principal Place of Business C/O BANKS, BONNIE 13203 106TH AVE N POB 517 LARGO FL 33774-5511 US	Mailing Address C/O BANKS, BONNIE 13203 106TH AVE N POB 517 LARGO FL 34644 US
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3. Date Incorporated or Qualified 12/07/1987	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2872510	

2. Principal Place of Business 21 Suite, Apt. #, etc. Suncoast Community Support Aux., Inc. 10000 Bay Pines Blvd. Post Office Box 517 Bay Pines, Florida 33744-0517	2a. Mailing Address 26 Suite, Apt. #, etc. Suncoast Community Support Aux., Inc. 10000 Bay Pines Blvd. Post Office Box 517 Bay Pines, Florida 33744-0517
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BENT, THERESA 7460 118TH TERRACE N LARGO FL 33773	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
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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 <u><i>Theresa Bent</i></u> DATE <u><i>04/01/98</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD BANKS, BONNIE
STREET ADDRESS	13203 106 AVE. N.
CITY-ST-ZIP	SEMINOLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	SD KELLY, VIRGINIA
STREET ADDRESS	17740 WALL CIRCLE
CITY-ST-ZIP	REDINGTON SHORES FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD DUGAN, IDA
STREET ADDRESS	10707 53RD AVE. N. #4
CITY-ST-ZIP	ST. PETERSBUR FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD BANKS, BONNIE
1.3 STREET ADDRESS	704 OLDE TOWNE LANE
1.4 CITY-ST-ZIP	MARIETTA, GA 30068
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.
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SIGNATURE: BONNIE BANKS <u><i>Bonnie Banks Pres.</i></u> 04/01/98 1-800-474-9394

CR2E037 (10/97)