

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N28327 (7)

1. Corporation Name

SUNCOAST ADULT CARE ASSOCIATION, INC.



Principal Place of Business

%KRONE WEIDLER
4201 W. WATRONS AVE.
TAMPA FL 33629

Mailing Address

%KRONE WEIDLER
4201 W. WATRONS AVE.
TAMPA FL 33629

3. Date Incorporated or Qualified
09/12/1988

3a. Date of Last Report
10/26/1995

2. Principal Place of Business

2a. Mailing Address

21 % Barbara Honess

26 % Barbara Honess

4. FEI Number
NOT APPLICABLE

Applied For
☒ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 300 34th Ave N

27 300 34th Ave N

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

23 ST. Petersburg, FL

28 ST. Petersburg, FL

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33704 25 Pinellas

29 33704 30 Pinellas

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

WEIDLER, KRONE
4201 W. WATRONS AVE.
TAMPA FL 33629

81 Name
Barbara Honess
82 Street Address (P.O. Box Number is Not Acceptable)
300 34th Ave N.
83
84 City
ST. Petersburg, FL
85 Zip Code
33704

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

Barbara Honess

(NOTE: Registered Agent signature required when reappointing)

Jan 26, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KRONE, WEIDLER
4201 W. WATRON AVE.
TAMPA FL 33629 ☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ZENS, SHARON
8625 LONGWOOD DR,
LARGO FL 34647 ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
D/S D/T ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HONESS, BARBARA
300 34TH AVE. N
ST. PETERSBURG FL 33704 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
D/P ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SMITH, W. JAMES
256 SCOTLAND STREET
DUNEDIN FL 34698 ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/S
Nanette Alexandris ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
D/S
Nanette Alexandris
1340 Preservation Way
OLDSMAR FL 34677 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Barbara Honess Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 26, 1996 (813) 694-6790

DATE

Daytime Phone #

CR2E037 (12/95)