


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90208 005 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N28327					
1. Corporation Name SUNCOAST ADULT CARE ASSOCIATION, INC.					
Principal Place of Business BARBARA HONESS 300 34TH AVE N ST PETERSBURG FL 33704 US			Mailing Address BARBARA HONESS 300 34TH AVE N ST PETERSBURG FL 33704 US		



2. Principal Place of Business 21 10759 Bogan Suite, Apt. #, etc. 22 2275 Nebraska Ave City & State 23 Palm Harbor Zip 24 34683		2a. Mailing Address 26 Same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 09/12/1988	
				4. FEI Number NOT APPLICABLE Applied For <input checked="" type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent HONESS, ABRBARA 300 34THA VE N ST PETERSBURG FL 33704				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUNCAN, BARBARA			1.2 NAME			
STREET ADDRESS	6237 50TH AVE N			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33709			1.4 CITY-ST-ZIP			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HONESS, BARBARA			2.2 NAME	10759 Bogan		
STREET ADDRESS	300 34TH AVE. N			2.3 STREET ADDRESS	2275 Nebraska Ave.		
CITY-ST-ZIP	ST. PETERSBURG FL			2.4 CITY-ST-ZIP	Palm Harbor, FL. 34683		
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AL Ingram			3.2 NAME			
STREET ADDRESS	6405 40TH AVE N			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33709			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	Secretary		
STREET ADDRESS				4.3 STREET ADDRESS	Diane Sargent		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	14331 60 ST. N.		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED **Treasurer** **Barbara Duncan** **546-2061**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)