**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## 1999 **DOCUMENT # N28327**

1. Corporation Name

SUNCOAST ADULT CARE ASSOCIATION, INC.

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

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

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Principal Plac	e of Business	Mailing Address					
BARBARA HO 300 34TH AVE ST PETERSBU US	N Delerc	BARBARA HONESS 300 34TH AVE N ST PETERSBURG FL US	. 33704 E	lete.			
	Place of Business 359 Business	2a. Mailing Address	シタモ		3. Date Incorporated or Qualifed 09/12/1988		
21 / / / / Suite, Apt.	·/ /	Suite, Apt. #, etc	<del></del>		4. FEI Number		Applied For
L	75 Nebraska Ale		•		NOT APPLICABLE	1—1	Not Applicable
City & Stat		City & State			5. Certifcate of Status Desired	1 1	5 Additional Required
23 / 6/17	Country	Zip	Cou	ntry	6. Election Campaign Financing	11 '	May Be
24 344		29	30		Trust Fund Contribution  10. Name and Address of New R		d to rees
	9. Name and Address of Current	registered Agent		81 Name	.v. Haine and Address of New N	ofisteres whent	
-	ABRBARA A VE N De/s	o Lo		82 Street Add	dress (P.O. Box Number is Not Accepta	ble)	
300 34TH	A VE N  ASBURG FL 33704			83	· · ·		
SI FEIER	1000Rd 1 E 30704					(05 7	p Code
•				84 City		FL	·
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change v	vas authorized	by the corporat	rporation submits this statement for the tion's board of directors. I hereby accep	purpose of changing t the appointment as	its registered registered
SIGNATURE							1
	Signature, typed or printed name of registered agent a		(NOTE: Registered	Agent signature requir		DATE	TORS IN 12
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	
12.	OFFICERS AND		13. TE 1.1 TIT	LE			
12. TITLE NAME	OFFICERS AND DT DUNCAN, BARBARA	DIRECTORS	13. FE 1.1 TH 1.2 NA	LE ME		ICERS AND DIREC	
12. TITLE NAME STREET ADDRESS	OFFICERS AND DT DUNCAN, BARBARA 6237 50TH AVE N	DIRECTORS DELET	13. TE 1.1 TH 1.2 NA 1.3 ST	LE ME REET ADDRESS		ICERS AND DIREC	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DT DUNCAN, BARBARA 6237 50TH AVE N ST PETERSBURG FL 3 3	DIRECTORS  DELET	13. FE 1.1 TIT 1.2 NA 1.3 ST 1.4 CIT	LE ME REET ADDRESS Y-ST-ZIP	ADDITIONS/CHANGES TO OF	FICERS AND DIREC	e Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DT DUNCAN, BARBARA 6237 50TH AVE N ST PETERSBURG FL 3 3 DP HONESS, BARBARA 300 34TH AVE. N	DIRECTORS  DELET	13. IE 1.1 TIT 12 NA 1.3 ST 1.4 CIT 2.2 NA 2.3 ST	LE ME REET ADDRESS Y-ST-ZIP		Chang	e Addition
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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 AND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR