FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40086 (3)

1. Corporation Name

SUNCOAST COMPENSATION AND BENEFITS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O LINDA GARCIA 4010 BOY SCOUT BLVD., S-816 TAMPA FL 33607	4010 BOY SCOUT BLVD SUITE 813 TAMPA FL 33607 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/24/1990
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-3007804 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26 4010 Boy Scout Blvd
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 813
City & State 23	City & State 28 Tampa, FL
Zip 24 / Country 25	Zip 29 33607 / Country 30 US

9. Name and Address of Current Registered Agent

GARCIA, LINDA
4010 BOY SCOUT BLVD.
SUITE 813
TAMPA FL 33607

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	11 TITLE	D	☐ Change [X] Addition
NAME	~~THOMASON, JUNE~~	12 NAME	DAVANZO, KATHRYN	
STREET ADDRESS	~~4005 CYPRESS WILLOW CT~~	13 STREET ADDRESS	100 N. STARCREST DR.	
CITY-ST-ZIP	~~TAMPA FL~~	14 CITY-ST-ZIP	CLEARWATER, FL 34618	
TITLE	~~DP~~	21 TITLE	D	[X] Change ☐ Addition
NAME	GARCIA, LINDA	22 NAME		
STREET ADDRESS	4010 BOY SCOUT BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP		
TITLE	~~DT~~	31 TITLE	DT	☐ Change [X] Addition
NAME	~~GNADEN, ROBIN~~	32 NAME	MICHELLE KIEWIT	
STREET ADDRESS	~~3201 34TH ST S SUITE D2N~~	33 STREET ADDRESS	490 1ST AVENUE S.	
CITY-ST-ZIP	~~ST PETERSBURG FL~~	34 CITY-ST-ZIP	ST PETERSBURG, FL 33701	
TITLE	~~D~~	41 TITLE	DV	☐ Change [X] Addition
NAME	~~ROESCH, ROBERT C.~~	42 NAME	DUNCAN, DANIEL	
STREET ADDRESS	~~PO BOX 31950~~	43 STREET ADDRESS	1720 CLEVELAND ST.	
CITY-ST-ZIP	~~TAMPA FL~~	44 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	~~DV~~	51 TITLE	DP	☐ Change [X] Addition
NAME	~~GUDIOCLLO, PETER~~	52 NAME	DORSEY, DONNA	
STREET ADDRESS	~~6545 126TH AVE N~~	53 STREET ADDRESS	4900 BRITTANY DR. S. #1506	
CITY-ST-ZIP	~~LARGO FL~~	54 CITY-ST-ZIP	ST PETERSBURG, FL 33715	
TITLE	DS	61 TITLE		☐ Change ☐ Addition
NAME	STEFAN, JUDY	62 NAME		
STREET ADDRESS	3003 W. MARTIN LUTHER KING BLVD	63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP		

RR 5/23

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: Donna J. Dorsey 4/18/95 (813) 865-0331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0053705