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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

**09/24/1990**

4. FEI Number

**59-3007804**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **DAVANZO, KATHRYN**  
CITY-ST-ZIP **100 N STARCREST DR**  
**CLEARWATER FL 34618**

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

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **GARCIA, LINDA**  
CITY-ST-ZIP **4010 BOY SCOUT BLVD.**  
**TAMPA FL 33607**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **BIEL, EMILY**  
CITY-ST-ZIP **11201 DANKA CTR. N.**  
**ST PETERSBURG FL 33716**

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

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **DUNCAN, DANIEL**  
CITY-ST-ZIP **1720 CLEVELAND ST**  
**TAMPA FL**

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

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **DORSEY, DONNA**  
CITY-ST-ZIP **4900 BRITTANY DR. S. #1506**  
**ST. PETERSBURG FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **LUND, DON**  
CITY-ST-ZIP **P.O. BOX 9680 N/A**  
**TREASURE ISLAND FL 33740**

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

*Linda D. Davanzo*

**2/12/98**

CR2E037 (10/97)