

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90105 036 ****61.25

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DOCUMENT # N40086

1. Corporation Name

**SUNCOAST COMPENSATION AND BENEFITS ASSOCIATION,
INC.**

Principal Place of Business

C/O LINDA GARCIA
4010 BOY SCOUT BLVD., S-816
TAMPA FL 33607

Mailing Address

4010 BOY SCOUT BLVD
SUITE 813
TAMPA FL 33607
US



2. Principal Place of Business

21 **7028 W. Waters Ave**

Suite, Apt. #, etc.

22 **Room 113**

City & State

23 **Tampa FL**

Zip

24 **33634**

Country

2a. Mailing Address

26 **7028 W. Waters Ave**

Suite, Apt. #, etc.

27 **Room 113**

City & State

28 **Tampa FL**

Zip

29 **33634**

Country

3. Date Incorporated or Qualified

09/24/1990

4. FEI Number

59-3007804

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Donna Dorsey

82 Street Address (P.O. Box Number is Not Acceptable)

570 Carillon Pkwy

83

84 City

St. Petersburg**FL**85 Zip Code
33716

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

Donna Dorsey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **President**
1.3 STREET ADDRESS **Sandra Edwards**
1.4 CITY-ST-ZIP **5350 Tech Data Drive**
Clearwater, FL 34620

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Vice President**
2.3 STREET ADDRESS **Betsy Gylfe**
2.4 CITY-ST-ZIP **375 Patricia Ave**
Dunedin, FL 34698

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Secretary**
3.3 STREET ADDRESS **Donna Parkin-Welz**
3.4 CITY-ST-ZIP **2379 Broad Street**
Brooksville, FL 34609

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **Treasurer**
4.3 STREET ADDRESS **570 Carillon Pkwy**
4.4 CITY-ST-ZIP **St. Petersburg, FL 33716**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **Director**
5.3 STREET ADDRESS **Kristi Marcuse**
5.4 CITY-ST-ZIP **1 HSN Drive**
St. Petersburg, FL 33729

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

(727) 299-1800 X2986

Daytime Phone #

CR2E037 (11/98)