


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



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

FILED
1995 JUL 20 AM 10
TALLAHASSEE, FLO

DOCUMENT # **N40188 (7)**
1. Corporation Name
A O R N OF THE GULF COAST OF FLORIDA INC.

Principal Place of Business Mailing Address
355 RED CEDAR CT NE ST PETE FL 33700 US **355 RED CEDAR CT NE ST PETE FL 33703 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/02/1990** 3a. Date of Last Report **09/06/1994**

4. FEI Number **52-1706994** 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 **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **289 JEAN ST.** 26 **289 JEAN ST.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **PALM HARBOR** 27 **PALM HARBOR**
City & State City & State

23 **FLORIDA** 28 **FLORIDA**
City & State City & State

24 Zip **34683** 25 County **US** 29 Zip **34683** 30 County **US**

9. Name and Address of Current Registered Agent
**CAROL B. SPOONER
355 RED CEDAR CT NE
ST. PETERSBURG FL 33703**

10. Name and Address of New Registered Agent

81 Name **SANDRA G. LEA**
82 Street Address (P.O. Box Number is Not Acceptable) **289 JEAN STREET**
83 **PALM HARBOR**
84 City **FL** 85 Zip Code **34683**

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 *Sandra G. Lea* **6/2/95**
Signature, typed or printed name of registered agent and date of signature. (NOTE: Registered Agent Signature required when registering.)

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MARY, HODGINS**
STREET ADDRESS **11870 4TH STREET EAST**
CITY - ST - ZIP **TREASURE ISLAND FL 33706**

TITLE **D**
NAME **MARGIE J. TAYLOR**
STREET ADDRESS **9222 92ND STREET NORTH**
CITY - ST - ZIP **LARGO FL 34647**

TITLE **D**
NAME **ALICE, HUME**
STREET ADDRESS **6000 MANGROVE ST N**
CITY - ST - ZIP **ST PETERSBURG FL**

TITLE **D**
NAME **ELLEN S. LUNDY**
STREET ADDRESS **10285 BARRY DR**
CITY - ST - ZIP **LARGO FL 32844**

TITLE **D**
NAME **BARBARA, MORRIS**
STREET ADDRESS **2433 S. STONE DR SE**
CITY - ST - ZIP **ST. PETE FL 33705**

TITLE **D**
NAME **ZANGA, DOLORES**
STREET ADDRESS **11997-87TH AVE NO.**
CITY - ST - ZIP **SEMINOLE FL 34642-2608**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **D Pres. Elect.** Change Addition
12 NAME **PATRICIA RITTER**
13 STREET ADDRESS **6300 41st Ave. No.**
14 CITY - ST - ZIP **ST PETERSBURG, FL. 33709**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE **D** Change Addition
52 NAME **MARGARET CARTER.**
53 STREET ADDRESS **3048 51st St. So.**
54 CITY - ST - ZIP **GULF PORT, FL. 33707.**

61 TITLE **D** Change Addition
62 NAME **WANDA REED.**
63 STREET ADDRESS **8825 55th Way No.**
64 CITY - ST - ZIP **PINELLAS PARK, FL. 34666**

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 affidavit.

SIGNATURE: *Sandra G. Lea* **6/2/95 813-581-8767**
Signature and typed or printed name of signing officer or director