FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT #

A O R N OF THE GULF COAST OF FLORIDA INC.

Principal Place	e of Business	Mailing Address				<u> </u>	
289 JEAN T PALM HARBOT FL 34683 US		289 JEAN ST PALM HARBOR FL 34683-56 US	PALM HARBOR FL 34683-5602				
					3. Date Incorporated or Qualified 10/02/1990	3a. Date of Last F 01/29/19	
2. Principal Place of Business 2a. M		2a. Mailing Address	Mailing Address		4. FEI Number 52-1706994		pplied For lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		·		_ \$8.75	Additional
		27			5. Certificate of Status Desired	1 1	lequired
City & State		City & State	 		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zıp	Country		8. This corporation has tiability for in		s. 199.032,
24	25		90			Yes No	
	9. Name and Address of Cur	rent Hegistered Agent	04 4	10. Name and Address of New Registered Agent Name			
			81 Na	ıme			
LEA, SANDRA G				eet Addre	ess (P.O. Box Number is Not Acceptabl	e)	
289 JEAN DST							
PALM HARBOR FL 34883			83				
			84 Cit	у		FL 85 Zip	Code
11. Pursuant t	to the provisions of Sections 617.0	502 and 617.1508, Florida Statutes	the above-nar	ned corpo	oration submits this statement for the pu	rnose of changing i	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	·	Rogistered Agent sign	nature required		DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD DATOICIA	DELETE	1.1 TITLE				Addition
NAME	RITTER, PATRICIA		1.2 NAME				
STREET ADDRESS	6200 41ST AVE N		13 STREET ADDR	ESS			
CITY-ST-ZIP TITLE	ST PETERSBURG FL	DELETÉ	1.4 CITY-ST-ZIP			Change	Addition
NAME	MARGIE J. TAYLOR	bettie	2.1 TITLE			L Change	Addition
STREET ADDRESS	9222 92ND STREET NORT	ц	2.2 NAME				
	LARGO FL 34647	· •	2.3 STREET ADDR				
CITY-ST-ZIP TITLE	VP	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	,		Change	Addition
NAME	ALICE, HUME	Peeric	3.2 NAME			onlings	L AUGILION
STREET ADDRESS	6000 MANGROVE ST N		3.3 STREET ADDRI	ess			
CITY-ST-ZIP	ST PETERSBURG FL		3.4. CITY-ST-ZIP				
TITLE	8	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	ELLEN S. LUNDY		4. 2 NAME				
STREET ADDRESS	10285 BARRY DR		4.3 STREET ADDRI	ss			
CITY-ST-ZIP	LARGO FL 32644		4.4 CITY - ST - ZIP				
TITLE	D	DELETE	5.1 TITLE			☐ Change	Addition
NAME	CARTER, MARGARET		5.2 NAME				
STREET ADDRESS	3048 52ND ST N		5.3 STREET ADDRE	SS			
CITY-ST-ZIP	GULFPORT FL		5.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME	SPERA, PATRICE		6.2 NAME				
STREET ADDRESS	9411 125TH STREET		6.3 STREET ADDRE	:SS			
DOTAL OF THE	SERVING II IN IN		-				

14. I do 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.

FILED

Mar 17 1997 8:00am

Secretary of State