


FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40188** (7)
1. Corporation Name
A O R N OF THE GULF COAST OF FLORIDA INC.



Principal Place of Business 289 JEAN T PALM HARBOR FL 34683 US	Mailing Address 289 JEAN ST PALM HARBOR FL 34683 US
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3. Date Incorporated or Qualified 10/02/1990	
4. FEI Number 52-1706994	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**LEA, SANDRA G
289 JEAN DST
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	RITTER, PATRICIA <input checked="" type="checkbox"/> DELETE
STREET ADDRESS 8200 41ST AVE N	ST PETERSBURG FL
TITLE P	MARGIE J. TAYLOR <input checked="" type="checkbox"/> DELETE
STREET ADDRESS 9222 92ND STREET NORTH	LARGO FL 34647
TITLE VP	ALICE, HUME <input type="checkbox"/> DELETE
STREET ADDRESS 6000 MANGROVE ST N	ST PETERSBURG FL
TITLE S	ELLEN S. LUNDY <input type="checkbox"/> DELETE
STREET ADDRESS 10285 BARRY DR	LARGO FL 32844
TITLE D	CARTER, MARGARET <input type="checkbox"/> DELETE
STREET ADDRESS 3048 52ND ST N	GULFPORT FL
TITLE D	SPERA, PATRICE <input type="checkbox"/> DELETE
STREET ADDRESS 9411 125TH STREET	SEMINOLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME NANCY S. FLOETKE	
1.3 STREET ADDRESS 812 91ST ST. N.	
1.4 CITY-ST-ZIP SEMINOLE, FL 33777	
2.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME EVELYN JAMILOSA	
2.3 STREET ADDRESS 1325 WINDING BROOKWAY 1	
2.4 CITY-ST-ZIP DUNEDIN, FLA 34698	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sandra Mortham* 4-5-98 813-585-9500

CR2E037 (10/97)