

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N41227** (2)

1. Corporation Name

THE SUNSHINE POSTCARD CLUB, INC.



Principal Place of Business

Mailing Address

2236 HIGHLAND ST S
P.O. BOX 1232
ST PETERSBURG FL 33731

2236 HIGHLAND ST S
P.O. BOX 1232
ST PETERSBURG FL 33731

3. Date Incorporated or Qualified
12/07/1990

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 **4101 Hollow Hill DR**

26 **4101 Hollow Hill DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **TAMPA, FL**

28 **TAMPA, FL**

24 **33624**

25 **USA**

29 **33624**

30 **USA**

4. FEI Number

59-2793380

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENFELDER, GLEN E.
103 N THIRD ST
DADE CITY FL 33525

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 date of appointment

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **FRIEDT, LYN**
STREET ADDRESS **2236 HIGHLAND ST S**
CITY-STATE-ZIP **ST PETERSBURG FL**

TITLE **TD** ☐ DELETE

NAME **BRUNS, DOROTHY**
STREET ADDRESS **210 6TH AVE N**
CITY-STATE-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ DELETE

NAME **BILLINGS, BART**
STREET ADDRESS **4101 HOLLOW HILL DRIVE**
CITY-STATE-ZIP **TAMPA FL**

TITLE **S** ☐ DELETE

NAME **SEAMAN, CHARLES**
STREET ADDRESS **48 DOGWOOD CT**
CITY-STATE-ZIP **SAFETY HARBOR FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **V/D** ☐ Change ☒ Addition

NAME **KATHY TURGEON**
STREET ADDRESS **857 24th AVE. NORTH**
CITY-STATE-ZIP **ST. PETERSBURG, FL 33704**

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

31 TITLE **D/D** ☒ Change ☐ Addition

NAME **BILLINGS, BARTLEY J.**
STREET ADDRESS **4101 Hollow Hill DR**
CITY-STATE-ZIP **TAMPA, FL 33624**

41 TITLE **S/D** ☒ Change ☐ Addition

NAME **CHARLES SEAMAN**
STREET ADDRESS **48 DOGWOOD COURT**
CITY-STATE-ZIP **SAFETY HARBOR, FL 34695**

51 TITLE **D** ☐ Change ☒ Addition

NAME **BONNIE WILSON**
STREET ADDRESS **6909 LAKEVIEW COURT**
CITY-STATE-ZIP **TAMPA, FL 33634**

61 TITLE **D** ☐ Change ☒ Addition

NAME **EVELYN KEEHN**
STREET ADDRESS **2117 BARCELONA DR**
CITY-STATE-ZIP **CLEARWATER, FL 34624**

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 address.

SIGNATURE:

Bartley J. Billings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96
Date

(813) 968-7744
Corporate Phone #

CR2E037 (12/95)