

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
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21. Principal Place of Business 4101 Hollow Hill DR	22. Suite, Apt. #, etc —	26. Mailing Address 4101 Hollow Hill DR	27. Suite, Apt. #, etc —
23. City & State TAMPA, FL	28. City & State TAMPA, FL	29. Zip 33624	30. Country USA

4. FEI Number 59-2793380	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**GREENFELDER, GLEN E.
103 N THIRD ST
DADE CITY FL 33525**

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature: Typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDT, LYN	
STREET ADDRESS	2236 HIGHLAND ST S	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRUNS, DOROTHY	
STREET ADDRESS	210 6TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BILLINGS, BART	
STREET ADDRESS	4101 HOLLOW HILL DRIVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SEAMAN, CHARLES	
STREET ADDRESS	48 DOGWOOD CT	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	KATHY TURGEON	
13. STREET ADDRESS	857 24th AVE. NORTH	
14. CITY-ST-ZIP	ST. PETERSBURG, FL 33704	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		
31. TITLE	D/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	BILLINGS, BARTLEY J.	
33. STREET ADDRESS	4101 Hollow Hill DR	
34. CITY-ST-ZIP	TAMPA, FL 33624	
41. TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	CHARLES SEAMAN	
43. STREET ADDRESS	48 DOGWOOD COURT	
44. CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
51. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	BONNIE WILSON	
53. STREET ADDRESS	6909 LAKEVIEW COURT	
54. CITY-ST-ZIP	TAMPA, FL 33634	
61. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	EVELYN KEEHN	
63. STREET ADDRESS	2117 BARCELONA DR	
64. CITY-ST-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* 2-7-96 (813) 968-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date City or Phone #

CR2E037 (12/95)