

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 # N44848 (2)
1. Corporation Name
GREATER SUN CITY CENTER DISASTER COUNCIL, INC.



Principal Place of Business
**1509 SUN CITY CENTER PLAZA
SUITE B
SUN CITY CENTER FL 33573**

Mailing Address
**1509 SUN CITY CENTER PLAZA
SUITE B
SUN CITY CENTER FL 33573**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1991		3a. Date of Last Report 03/22/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3089285		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LINSKY, DONAKLD B. 1509 SUN CITY CENTER PLAZA SUITE B SUN CITY CENTER FL 33573				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	UHRICH, ENID			12 NAME			
STREET ADDRESS	1509 BUNKERHILL DR.			13 STREET ADDRESS			
CITY - ST - ZIP	SUN CITY CENTER FL			14 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	UHRICH, WILLIAM			22 NAME			
STREET ADDRESS	1509 BUNKERHILL DR.			23 STREET ADDRESS			
CITY - ST - ZIP	SUN CITY CENTER FL			24 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LINSKY, DONALD B.			32 NAME			
STREET ADDRESS	1509 SUN CITY CTR PLAZA			33 STREET ADDRESS			
CITY - ST - ZIP	SUN CITY CENTER FL			34 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				42 NAME	MILLER, CHARLES		
STREET ADDRESS				43 STREET ADDRESS	1522 HARTWICK DR		
CITY - ST - ZIP				44 CITY - ST - ZIP	SUN CITY CTR FL 33573		
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY - ST - ZIP				54 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY - ST - ZIP				64 CITY - ST - ZIP			

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: William Uhrich 4-24-96 634-7564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)