FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

GREATER SUN CITY CENTER DISASTER COUNCIL, INC.

FILED May 12 1998 8:00am Secretary of State

r indriebe der neber nichte bereit diebes inte binde diebe geber beder binde bilder inde

Principal Place	of Business	Mailing Address				
1509 SUN CITY CENTER PLAZA 1 SUITE B		1509 SUN CITY CENTER SUITE B	1509 SUN CITY CENTER PLAZA			3. Date Incorporated or Qualified 08/23/1991 4. FEI Number Applied For
2. Principal Pl	ace of Business	2a. Mailing Address				59-3089285 Not Applicable 5 Carifficate of Status Position
21		26				Fee Required
Sulte, Apt. 6	#, etc.	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			-	7. Is this nonprofit corporation a homeowners association?
Zip	Соцпіту	Zip		untry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	25]	29	30			
	9. Name and Address of Curre	ent Registered Agent		Щ.		10. Name and Address of New Registered Agent
	AALLU D B			81	Name	
LINSKY, DONAKLD B. 1 809 Sun C ity Center Plaza				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
SUITE B				83		
SUN CIT	Y CENTER FL 33573			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 a	nont and tille II applicable (NK	TF: Ragister	ed Ane	ent algoature require	ed when reinstating) DATE
12,		ND DIRECTORS	13.		, y y y	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1	TITLE		Change Addition
NAME	UHRICH, ENID			NAME		
1	1509 BUNKERHILL DR.		1		ADDRESS	
STREET ADDRESS			•			
CITY-ST-ZIP	SUN CITY CENTER FL	DELETE		1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
TITLE		CT DETELL				
NAME	UHRICH, WILLIAM			NAME		
STREET ADDRESS	1509 BUNKERHILL DR.				ADDRESS	
CITY-ST-ZIP				2. 4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE						Change C Addition
NAME	LINSKY, DONALD B.			NAME		
STREET ADDRESS	1509 SUN CITY CTR PLAZA	\	3.3	STREET	ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL				ST-ZIP	
TITLE	_		TITLE	-	Change Addition	
NAME	MILLER, CHARLES		4.2	NAME		
STREET ADDRESS	1522 HARTWICK DR.		4.3	STREET	ADDRESS	
CITY-ST-ZIP	SUN CITY FL		4.41	CITY - S	ST-ZIP	
TITLE		☐ DELETE	5.1	TITLE		Change Addition
NAME			5.21	NAME		
STREET ADDRESS			5.3	STREET	ADDRESS	
CITY-ST-ZIP				CITY-S	ST-ZIP	
1 7710		DELETE	■ c + ·	TITLE		Change Addition

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.

6.2 NAME

STREET ADDRESS