

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 # N93000000157 (8)

1. Corporation Name

SUNCOAST NETWORK USERS GROUP, INC.



Principal Place of Business

P.O. BOX 25263
SARASOTA FL 34277-2263

Mailing Address

P.O. BOX 25263
SARASOTA FL 34277-2263

3. Date Incorporated or Qualified
01/07/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **P.O. Box 2187**

2a. Mailing Address

26 **P.O. Box 2187**

4. FEI Number
65-0382840

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **34230**

Country

29 Zip **34230**

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**COLLANDRA, RANDY
3107 5TH STREET EAST
BRADENTON FL 34208**

10. Name and Address of New Registered Agent

81 Name **Schnarr, Jim**

82 Street Address (P.O. Box Number is Not Acceptable)

3911-24th Ave W

83

84 City **Bradenton**

FL

85 Zip Code **34205**

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 **Jim Schnarr**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **COLLANDR, RANDY**
STREET ADDRESS **3107 5TH STREET EAST**
CITY - ST - ZIP **BRADENTON FL 34206**

TITLE **VPD** ☒ DELETE
NAME **SENF, CHARLES**
STREET ADDRESS **1767 LAUREL STREET**
CITY - ST - ZIP **SARASOTA FL**

TITLE **SD** ☐ DELETE
NAME **SCHNARR, JIM**
STREET ADDRESS **1801 9TH AVE W. 3911 - 24th AVE W**
CITY - ST - ZIP **BRADENTON FL 34205**

TITLE **D** ☒ DELETE
NAME **ELLIS, STEVE**
STREET ADDRESS **4103 24TH STREET WEST**
CITY - ST - ZIP **BRADENTON FL**

TITLE **FD** ☐ DELETE
NAME **FRAYER, ALAN**
STREET ADDRESS **6023 26TH STREET W #183**
CITY - ST - ZIP **BRADENTON FL 34206**

TITLE **E D** ☒ DELETE
NAME **EWALT, DEAN**
STREET ADDRESS **3302 RAMBLEWOOD PL**
CITY - ST - ZIP **SARASOTA FL 34237**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **LATENSER, JOHN**
1.3 STREET ADDRESS **2525 ASHTON RD**
1.4 CITY - ST - ZIP **SARASOTA FL 34231**

2.1 TITLE **TD** ☐ Change ☒ Addition
2.2 NAME **LESTER, TEDD**
2.3 STREET ADDRESS **609 MELODY CIR**
2.4 CITY - ST - ZIP **SARASOTA FL 34237**

3.1 TITLE **VPD** ☐ Change ☒ Addition
3.2 NAME **BOSERUP PAUL**
3.3 STREET ADDRESS **4948 TAXWATER DELL**
3.4 CITY - ST - ZIP **SARASOTA FL 34235**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **000001851280**
5.3 STREET ADDRESS **-06/05/96--01018--017**
5.4 CITY - ST - ZIP *****61.25**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

941-365-4617
Daytime Phone #

CR2E037 (12/95)