

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90004 002 ****61.25

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1. Corporation Name

PATA SUNCOAST CENTRAL FLORIDA CHAPTER, INC.

Principal Place of Business
4300 CENTRAL AVENUE
ST. PETERSBURG FL 33711

Mailing Address
4300 CENTRAL AVENUE
ST. PETERSBURG FL 33711



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/13/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3024055	
Country		Country		Applied For	
24		29		Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DUGGAR, ROLFE D 4300 CENTRAL AVENUE ST. PETERSBURG FL 33711				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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANTZLER, RAY	1.2 NAME	ROLFE D. DUGGAR
STREET ADDRESS	13186 DALE MABRY	1.3 STREET ADDRESS	4300 CENTRAL AVE.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANTZLER, RAY	2.2 NAME	PHIL KIRSCHOFFER
STREET ADDRESS	13186 DALE MABRY	2.3 STREET ADDRESS	2580 SWEETGUM WAY WEST
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 32421
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMPKINS, HAL	3.2 NAME	ANDREA-REIST
STREET ADDRESS	5525 ISLAND AVE	3.3 STREET ADDRESS	2676 WEST LAKE ROAD
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REINA, SYLVIA	4.2 NAME	MARIANNE BRADLEY
STREET ADDRESS	3310 W CYPRESS, 205	4.3 STREET ADDRESS	2174 NURSERY ROAD
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIST, ANDREA	5.2 NAME	TOMPKINS, HAL
STREET ADDRESS	1026 FLORIDA AVE, G	5.3 STREET ADDRESS	10033 9TH ST. NORTH
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUGGAR, ROLFE	6.2 NAME	SYLVIA REINA
STREET ADDRESS	4300 CENTRAL AVENUE	6.3 STREET ADDRESS	3310 WEST CYPRESS ST. #205
CITY-ST-ZIP	ST PETERSBURG FL	6.4 CITY-ST-ZIP	TAMPA FL 33607

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)