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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000005567 (3)

1. Corporation Name

THE COALITION CLUB OF PINELLAS COUNTY, FLORIDA,  
INC.

Principal Place of Business

330 MADISON ST. SOUTH  
ST. PETERSBURG FL 33711  
US

Mailing Address

330 MADISON ST. SOUTH  
ST. PETERSBURG FL 33711-1612  
US



3. Date Incorporated or Qualified  
12/10/1993

3a. Date of Last Report  
10/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NELSON, ARLENDER  
3644 3RD AVE. NO.  
ST. PETERSBURG FL 33713

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

Arleander Nelson (Arleander Nelson) SECRETARY

2/17/97

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  
NAME CHANCE, HOWARD  
STREET ADDRESS 2655 27TH AVE. SO.  
CITY-ST-ZIP ST. PETERSBURG FL 33711

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  
NAME PARHAM, JUANITA  
STREET ADDRESS 2700 6TH ST. SO.  
CITY-ST-ZIP ST. PETERSBURG FL 33705

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  
NAME NELSON, ARLENDER  
STREET ADDRESS 3644 3RD AVE. NO.  
CITY-ST-ZIP ST. PETERSBURG FL 33713

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE MD  
NAME WHITE, GEORGE L  
STREET ADDRESS 2300 16TH AVE. SO.  
CITY-ST-ZIP ST. PETERSBURG FL 33712

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

TITLE TD  
NAME ALLEN, JOHN  
STREET ADDRESS 330 MADISON ST. SO.  
CITY-ST-ZIP ST. PETERSBURG FL 33711

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME REYNOLDS, ERNEST  
STREET ADDRESS 3000 9TH ST. SO.  
CITY-ST-ZIP ST. PETERSBURG FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Arleander Nelson (Arleander Nelson)

2/17/97 (813-321-877)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 80050785

CR2E037 (9/96)