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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005567 (3)

1. Corporation Name

THE COALITION CLUB OF PINELLAS COUNTY, FLORIDA, INC.

Principal Place of Business

Mailing Address

330 MADISON ST. SOUTH
ST. PETERSBURG FL 33711
US

330 MADISON ST. SOUTH
ST. PETERSBURG FL 33711
US

2. Principal Place of Business

2a. Mailing Address

21 330 MADISON ST. SOUTH

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 ST PETERSBURG FL

28 ST PETERSBURG FL

24 Zip

25 Country

29 Zip

30 Country

24 33711

25 PIN

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/10/1993

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

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

81 Name

ARLENDER NELSON

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

3644 3rd Ave No

83 City

ST. PETERSBURG

84 State

FL

85 Zip Code

33713

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 ARLENDER NELSON - Vice Pres. Arlander Nelson

3/22/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CHANCE, HOWARD	
STREET ADDRESS	2655 27TH AVE. SO.	
CITY - ST - ZIP	ST. PETERSBURG FL 33711	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PARHAM, JUANITA	
STREET ADDRESS	2700 8TH ST. SO.	
CITY - ST - ZIP	ST. PETERSBURG FL 33705	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, ARLENDER	
STREET ADDRESS	3644 3RD AVE. NO.	
CITY - ST - ZIP	ST. PETERSBURG FL 33713	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	WHITE, GEORGE L	
STREET ADDRESS	2300 16TH AVE. SO.	
CITY - ST - ZIP	ST. PETERSBURG FL 33712	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALLEN, JOHN	
STREET ADDRESS	330 MADISON ST. SO.	
CITY - ST - ZIP	ST. PETERSBURG FL 33711	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REYNOLDS, ERNEST	
STREET ADDRESS	3000 9TH ST. SO.	
CITY - ST - ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P. Parham JUANITA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2700 6th St. So.	
1.3 STREET ADDRESS	ST. PETERSBURG, Fla	
1.4 CITY - ST - ZIP	33705	
2.1 TITLE	V Arlander Nelson	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	3644 - 3rd Ave. N	
2.3 STREET ADDRESS	ST. PETERSBURG, Fla	
2.4 CITY - ST - ZIP	33713	
3.1 TITLE	Suc. Evelyn M. Norton	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	4300 19th Ave. So	
3.3 STREET ADDRESS	ST. PETERSBURG FL	
3.4 CITY - ST - ZIP	33712	
4.1 TITLE	MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	White, George L.	
4.3 STREET ADDRESS	2300 16th Ave. So.	
4.4 CITY - ST - ZIP	ST. PETERSBURG FL 33712	
5.1 TITLE	TD Allen John	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	330 Madison St So	
5.3 STREET ADDRESS	ST. PETERSBURG FL	
5.4 CITY - ST - ZIP	33711	
6.1 TITLE	D Reynolds Ernest	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	3000 9th St So	
6.3 STREET ADDRESS	ST. PETERSBURG FL	
6.4 CITY - ST - ZIP		

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.

SIGNATURE: ARLENDER NELSON Arlander Nelson

3/22/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE

CR2E037 (10/97)