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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000005567					
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 US		
2. Principal Place of Business 21 2700 6th St So 22 Suite, Apt. #, etc.		2a. Mailing Address 26 2700 6th St So 27 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/10/1993	
23 St Petersburg Florida 24 33705 25 US		28 St Petersburg Florida 29 33705 30 US		4. FEI Number NOT APPLICABLE	
9. Name and Address of Current Registered Agent NELSON, ARLENDER 3644 3RD AVE. NO. ST. PETERSBURG FL 33713				10. Name and Address of New Registered Agent 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 NAME PARHAM, J STREET ADDRESS 2700 654 S CITY-ST-ZIP ST. PETERSBURG FL 33705			1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE V NAME NELSON, A STREET ADDRESS 3644 3RD AVE N CITY-ST-ZIP ST. PETERSBURG FL 33713			2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE S NAME MCNORTON, E STREET ADDRESS 4388 18TH AVE S CITY-ST-ZIP ST. PETERSBURG FL 33712			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		



CR2E037 (11/98)

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 *Quanita Parham* 4-28-99 822-0833

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #