FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995.**

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

APPROVED AND FILED

95 MAY -1 PM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005632 (5)

1. Corporation Name

THE SUNCOAST PUBLIC MANAGEMENT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PAULETTE E. COHEN 6410 101ST AVE. PINELLAS PARK FL 34664-1100	C/O PAULETTE E. COHEN 6410 101ST AVE. PINELLAS PARK FL 34664-1100

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 01/25/1994
4. FEI Number: ~~APPLIED FOR~~ 59-3219053 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 City of Gulfport	26 c/o City of Gulfport
Suite, Apt. #, etc. 22 2401 53rd St, South	Suite, Apt. #, etc. 27 2401 53rd St, South
City & State 23 Gulfport, FL	City & State 28 Gulfport, FL
Zip / Country 24 33707 / 25 Pinellas	Zip / Country 29 33707 / 30 Pinellas

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COHEN, PAULETTE E
6410 101ST AVE.
PINELLAS PARK FL 34664-1100

10. Name and Address of New Registered Agent

81 Name: Robert E. Lee
82 Street Address (P.O. Box Number is Not Acceptable): 2401 53rd St, South
83
84 City: Gulfport, FL 85 Zip Code: 33707

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ Robert E. Lee, President 3/27/95
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	11 TITLE	President (D)	☒ Change ☐ Addition
NAME	PAULETTE E. COHEN (D)	12 NAME	Robert E. Lee	
STREET ADDRESS	6410 101ST AVE	13 STREET ADDRESS	2401 53rd St, South	
CITY-ST-ZIP	PINELLAS PARK, FL 34666	14 CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	V	21 TITLE	Vice President (D)	☒ Change ☐ Addition
NAME	ROBERT E. LEE (D)	22 NAME	Pamela Brangaccio	
STREET ADDRESS	2401 53RD STREET SOUTH	23 STREET ADDRESS	750 Main Street	
CITY-ST-ZIP	GULFPORT FL 33737	24 CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	[redacted]	31 TITLE	Past President (D)	☒ Change ☐ Addition
NAME	VIRGINIA S. ROO (D)	32 NAME	Paulette E. Cohen	
STREET ADDRESS	4202 E. FOWLER AVE HMS 423	33 STREET ADDRESS	6410 101st Avenue	
CITY-ST-ZIP	TAMPA FL 33620	34 CITY-ST-ZIP	Pinellas Park, FL 34666	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	GRETCHEN TENBROCK	42 NAME		
STREET ADDRESS	1640 16TH ST NORTH	43 STREET ADDRESS		
CITY-ST-ZIP	ST.PETERSBURG FL 33704	44 CITY-ST-ZIP		
TITLE	T/S	51 TITLE	Secretary/ Treasurer	☒ Change ☐ Addition
NAME	PAMELA BRANGACCIO	52 NAME	Barbara Fidler	
STREET ADDRESS	750 MAIN ST	53 STREET ADDRESS	2443 Timbercrest Circle, West	
CITY-ST-ZIP	SAFTER HARBOR FL 34695	54 CITY-ST-ZIP	Clearwater, FL 34620	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: _____ 3/27/95 Robert E. Lee, President 813-893-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Telephone #)

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