

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000005632 (5)**

1. Corporation Name

THE SUNCOAST PUBLIC MANAGEMENT ASSOCIATION, INC.



Principal Place of Business

CITY OF GULFPORT
2401 53RD ST. SOUTH
GULFPORT FL 33707
US

Mailing Address

C/O CITY OF GULFPORT
2401 53RD ST. SOUTH
GULFPORT FL 33707
US

3. Date Incorporated or Qualified
12/10/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **City of Indian Rocks Beach**

2a. Mailing Address

26 **1507 Bay Palm Blvd.**

4. FEI Number

59-3219053

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **1507 Bay Palm Blvd.**

Suite, Apt. #, etc.

27 **City & State**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

23 **Indian Rocks Beach, FL**

City & State

28 **INDIAN ROCKS BEACH FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

24 **34635**

Country

25 **USA**

Zip

29 **34635**

Country

30 **USA**

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

LEE, ROBERT E
2401 53RD ST, SOUTH
GULFPORT FL 33707

81 Name

MESERVE, ERIC S.

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

1507 Bay Palm Blvd.

83

84 City

INDIAN ROCKS Beach

FL

85 Zip Code

34635

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

Eric S. Meserve
Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/29/96
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LEE, ROBERT E
2401 53RD ST. SOUTH
GULFPORT FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
BRANGACCIO, PAMELA
750 MAIN STREET
SAFETY HARBOR FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PPD
COHEN, PAULETTE E
6410 101ST AVENUE
PINELLAS PARK FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GRETCHEN TENBROCK
1640 16TH ST NORTH
ST. PETERSBURG FL 33704 *Sund* ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
FIDLER, BARBARA
2443 TIMBERCREST CIRCLE, WEST
CLEARWATER FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
PD
BRANGACCIO, PAMELA
750 MAIN ST.
Safety Harbor, FL. ☒ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
D
Bernadette Starch, LIBRARY COOP
12345 Starchy Road, Ste L.
Largo, FL 34643-2611 ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
PPD
LEE, ROBERT E.
2401 53rd ST, SOUTH
GULFPORT, FL ☒ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
200001840042
-05/28/96--01017--034
*****61.25** ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
ST
MESERVE, ERIC
1507 BAY PALM BLVD.
INDIAN ROCKS BEACH, FL 34635 ☒ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
VPD
FIDLER, BARBARA
2443 TIMBER CREST CIRCLE, WEST
CLEARWATER, FL ☒ Change ☐ Addition

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)(k), 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:

Eric S. Meserve
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96
Date

813 595-2517
Daytime Phone #

CR2E037 (12/95)