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Feb 11 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 # N93000005632 (5)

1. Corporation Name

THE SUNCOAST PUBLIC MANAGEMENT ASSOCIATION, INC.



Principal Place of Business

CITY OF INDIAN ROCKS BEACH  
1507 BAY PALM BLVD  
INDIAN ROCKS BEACH FL 34635

Mailing Address

CITY OF INDIAN ROCKS BEACH  
1507 BAY PALM BLVD  
INDIAN ROCKS BEACH FL 33785-2827

3. Date Incorporated or Qualified  
12/10/1993

3a. Date of Last Report  
05/25/1996

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
59-3219053

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 Now Registered Agent

MESERVE, ERIC S  
CITY OF INDIAN ROCKS BEACH  
1507 BAY PALM BLVD  
INDIAN ROCKS BEACH FL 34635

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 PD  
NAME BRANGACCIO, PAMELA E  
STREET ADDRESS 760 MAIN ST  
CITY-ST-ZIP SAFETY HARB R FL

DELETE

TITLE D  
NAME STORCH, BERNADETTE  
STREET ADDRESS 45 STARKEY RD SUITE L  
CITY-ST-ZIP LARAGO FL 34643

DELETE

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

DELETE

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

DELETE

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

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

1.1 TITLE President  
1.2 NAME Fidler, Barbara  
1.3 STREET ADDRESS 2443 Timbercrest Circle West  
1.4 CITY-ST-ZIP Clearwater, FL 34623

Change Addition

2.1 TITLE Vice-President  
2.2 NAME Meserve, Eric S.  
2.3 STREET ADDRESS City of Indian Rocks Bch, 1507 Bay Palm  
2.4 CITY-ST-ZIP Indian Rocks Beach, FL 34635

Change Addition

3.1 TITLE Secretary/Treasurer  
3.2 NAME Storck, Bernadette  
3.3 STREET ADDRESS 12345 Starkey Road, Suite L  
3.4 CITY-ST-ZIP Largo, FL 33773-2611

Change Addition

4.1 TITLE Director  
4.2 NAME Tenbrock, Gretchen  
4.3 STREET ADDRESS 1640 16th Street North  
4.4 CITY-ST-ZIP St. Petersburg, FL 33704

Change Addition

5.1 TITLE Director  
5.2 NAME Edmunds, Frank P.  
5.3 STREET ADDRESS City of Seminole, 7464 Ridge Road  
5.4 CITY-ST-ZIP Seminole, FL 34642

Change Addition

6.1 TITLE Director  
6.2 NAME Pam Brangaccio  
6.3 STREET ADDRESS 18500 Murdock Circle  
6.4 CITY-ST-ZIP BANK Port Charlotte, FL 33948

Change Addition

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

Bernadette Storck

4/8/97

813-535-7770

CR2E037 (9/96)