


**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90097 035 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
---	---	---

**DOCUMENT # N93000005632**

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 34635

1 4 3 7 2 5 7  
 437257-90746 211



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/10/1993
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3219053
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	
24	29	30

9. Name and Address of Current Registered Agent

KARAYIANES, MARY E  
 CITY OF INDIAN ROCKS BEACH  
 1507 BAY PALM BOVD  
 INDIAN ROCKS BEACH FL 33785

10. Name and Address of New Registered Agent

81 Name Leinbach, Kim D  
 82 Street Address (P.O. Box Number is Not Acceptable) City of Temple Terrace  
 83 11250 North 56th Street  
 84 City Temple Terrace FL 85 Zip Code 33687

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

*Kim D. Leinbach*  
 Signature typed or printed name of registered agent and title if applicable.

*Kim D. Leinbach*  
 (NOTE: Registered Agent signature is required when re-registering)

*April 23, 1999*  
 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEINBACH, KIM D	1.2 NAME	LEINBACH, KIM D
STREET ADDRESS	CITY OF MADEIRA BEACH 300 MUNICIPAL DR	1.3 STREET ADDRESS	CITY OF TEMPLE TERRACE 11250 NORTH 56th ST.
CITY-STATE-ZIP	MADEIRA BEACH FL 33708	1.4 CITY-STATE-ZIP	TEMPLE TERRACE, FL 33687
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARAYIANES, MARY E	2.2 NAME	KARAYIANES, MARY E
STREET ADDRESS	CITY OF INDIAN ROCKS BEACH 1507 BAY PALM	2.3 STREET ADDRESS	CITY OF INDIAN ROCKS BEACH 1507 BAY PALM BLVD.
CITY-STATE-ZIP	INDIAN ROCKS BEACH FL 33785	2.4 CITY-STATE-ZIP	INDIAN ROCKS BEACH, FL 33785
TITLE	PPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIDLER, BARBARA	3.2 NAME	
STREET ADDRESS	CITY OF DUNEDIN, 542 MAIN ST	3.3 STREET ADDRESS	
CITY-STATE-ZIP	DUNEDIN FL 34698	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONAHAN, KATHLEEN	4.2 NAME	SCHWING, CARL
STREET ADDRESS	CITY OF TARPON SPRINGS, 324 E PINE ST	4.3 STREET ADDRESS	CITY OF ST. PETE BEACH, 7701 BOCA CIEGA DRIVE
CITY-STATE-ZIP	TARPON SPRINGS FL 34688	4.4 CITY-STATE-ZIP	ST. PETE BEACH, FL 33706
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORCK, BERNADETTE	5.2 NAME	
STREET ADDRESS	PINELLAS PUBLIC LIBRARY COOPERATIVE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	12345 STARKEY RD LA 33773	5.4 CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDMUNDS, FRANK	6.2 NAME	SEEBER, GERALD
STREET ADDRESS	CITY OF SEMINOLE/7464 RIDGE RD	6.3 STREET ADDRESS	CITY OF NEW PORT RICHEY, 5919 MAIN STREET
CITY-STATE-ZIP	SEMINOLE FL 33773	6.4 CITY-STATE-ZIP	NEW PORT RICHEY, FL 34652

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:

*Kim D. Leinbach*  
 Signature typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (1/98)