FILE NOW: FILING FEE IS $61.25

FILED
Jun 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N94000002122

1. Corporation Name
SANTA'S Council For Needy & ABUSED Children INC

Principal Place of Business
3022 STATE ROAD 674 #271
RUSKIN, FL 33570

Mailing Address

3. Date Incorporated or Qualified 4/26/94

4. FEI Number 59-3242847 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
21 3022 STATE Rd 674	26 3022 STATE Rd 674		
22 Suite, Apt. #, etc. 271	27 Suite, Apt. #, etc. 271	6. Election Campaign Financing Trust Fund Contribution ☒	**$5.00** May Be Added to Fees
23 City & State RUSKIN FL	28 City & State RUSKIN, FL	7. Is this nonprofit corporation a homeowners association?	☐ Yes ☒ No
24 Zip 33570 25 Country Hills	29 Zip 33570 30 Country Hills	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Coryell, Wm
3022 STATE Rd 674 #271
RUSKIN, FL 33570

10. Name and Address of New Registered Agent

81 Name N/A
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 _____ 4/28/98
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	T Pres. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Coryell Karbasina G.	1.2 NAME	
STREET ADDRESS	3022 STATE Rd 674 #271	1.3 STREET ADDRESS	
CITY-ST-ZIP	RUSKIN, FL 33570	1.4 CITY-ST-ZIP	
TITLE	T V.P. ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Skelton Roy	2.2 NAME	
STREET ADDRESS	28050 US19 North, Suite 208	2.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL	2.4 CITY-ST-ZIP	
TITLE	T Secry. ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Nieber Heidi	3.2 NAME	
STREET ADDRESS	8012 Fan Palm Place	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33615	3.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Haas Bill	4.2 NAME	
STREET ADDRESS	P.O. Box 27454 NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Nieber Walter	5.2 NAME	300002574303 -06/29/98--01473--007 ***75.00
STREET ADDRESS	8012 Fan Palm Place	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33615	5.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Felder Baron Gary	6.2 NAME	
STREET ADDRESS	9001 Aiken Circle	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33615	6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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.

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