

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.26).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000004971 (7)

1. Corporation Name

SUN COAST COMMUNITY CARE, INC.

Principal Place of Business

Mailing Address

2025 INDIAN ROCKS ROAD
LARGO FL 34644

P O BOX 2025
LARGO FL 34649-2025



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1994

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

33774

25

29

33779

30

4. FEI Number

59-3282590

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLINS, JEFFREY A
2025 INDIAN ROCKS ROAD
LARGO FL 34644

81 Name

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

83

84 City

FL 85 Zip Code

33774

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 S ☐ DELETE

NAME MARTINES, LINDA
STREET ADDRESS 2025 INDIAN ROCKS ROAD
CITY-ST-ZIP LARGO FL 33774

TITLE D ☐ DELETE

NAME COUPE, MARGARET
STREET ADDRESS 2025 INDIAN ROCKS ROAD
CITY-ST-ZIP LARGO FL 33774

TITLE C ☐ DELETE

NAME HULLEY, WILLIAM
STREET ADDRESS 2025 INDIAN ROCKS ROAD
CITY-ST-ZIP LARGO FL 33774

TITLE V ☐ DELETE

NAME KEWESHAN, WILLIAM
STREET ADDRESS 2025 INDIAN ROCKS ROAD
CITY-ST-ZIP LARGO FL 33774

TITLE D ☐ DELETE

NAME COLLINS, JEFFREY A.
STREET ADDRESS 2025 INDIAN ROCKS ROAD
CITY-ST-ZIP LARGO FL 33774

TITLE D ☐ DELETE

NAME WORTH, RANDAL
STREET ADDRESS 2025 INDIAN ROCKS RD.
CITY-ST-ZIP LARGO FL 33774

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Richard Holtz
1.3 STREET ADDRESS 2025 Indian Rocks Rd.
1.4 CITY-ST-ZIP LARGO, FL 33774

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Jeff Grove
2.3 STREET ADDRESS 2025 Indian Rocks Rd.
2.4 CITY-ST-ZIP LARGO, FL 33774

3.1 TITLE T ☐ Change ☒ Addition

3.2 NAME Susan Richardson
3.3 STREET ADDRESS 2025 Indian Rocks Rd.
3.4 CITY-ST-ZIP LARGO, FL 33774

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Carlos Cano
4.3 STREET ADDRESS 2025 Indian Rocks Rd.
4.4 CITY-ST-ZIP LARGO, FL 33774

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 *Linda B. Martines* SECRETARY 8-15-97 586-7169

CR2E037 (4/97)