

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # **N94000004971 (7)**

1. Corporation Name

SUN COAST COMMUNITY CARE, INC.



Principal Place of Business

Mailing Address

**2025 INDIAN ROCKS ROAD
LARGO FL 33774
US**

**P O BOX 2025
LARGO FL 33779
US**

3. Date Incorporated or Qualified

10/05/1994

4. FEI Number

59-3282590

Applied For

Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

23
Zip Country

City & State

28
Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

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

**COLLINS, JEFFREY A
2025 INDIAN ROCKS ROAD
LARGO FL 33774**

10. Name and Address of New Registered Agent

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

TITLE **S** ☐ DELETE

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

TITLE **D** ☒ DELETE

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

TITLE **C** ☐ DELETE

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

TITLE **V** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

TITLE **D** ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 **GERALD FITZGERALD**
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 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 Martines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/27/98 813-586-7169

CR2E037 (5/98)