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Feb 18 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 # N94000005685 (2)

1. Corporation Name

SUNCOAST COMPENSATION AND BENEFITS FOUNDATION, I NC.



Principal Place of Business

Mailing Address

4010 BOY SCOUT BLVD., STE 813  
TAMPA FL 33607

4010 BOY SCOUT BLVD., STE 813  
TAMPA FL 33607-5727

3. Date Incorporated or Qualified  
11/14/1994

3a. Date of Last Report  
04/22/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
593322196

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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 New Registered Agent

GARCIA, LINDA  
4010 BOY SCOUT BLVD., STE 813  
TAMPA FL 33607

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  DELETE  
NAME D LUND, DONALD  
STREET ADDRESS 13535 SOUND DRIVE  
CITY-ST-ZIP CLEARWATER FL 34622-5545

1.1 TITLE  Change  Addition  
1.2 NAME D Lund, Donald  
1.3 STREET ADDRESS 13364 Capri Cir N.  
1.4 CITY-ST-ZIP Treasure Island FL 33706

TITLE  DELETE  
NAME D GARCIA, LINDA  
STREET ADDRESS JIM WALTER CORP. - 4010 BOY SCOUT BLVD.  
CITY-ST-ZIP TAMPA FL 33607

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME D DAVANZO, KATHRYN  
STREET ADDRESS ECKERD FAMILY YOUTH - 100 N. STARCREST DR.  
CITY-ST-ZIP CLEARWATER FL 34625

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047518

*Linda Garcia*  
Linda Garcia

1/30/97 813

873 4064

CFR2E037 (9/96)