FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPÓRATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT #

2. Principal Place of Business

22

CITY-ST-ZIP

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N94000005685 (2)

SUNCOAST COMPENSATION AND BENEFITS FOUNDATION. I

Principal Place of Business

Mailing Address

COLO DOY-SCOUT BLVD., STE 813 TAMPA FL 83607

SAUC

3. Date Incorporated or Qualified <u>11/14/1994</u> 4. FEI Number

6. Election Campaign Financing

Trust Fund Contribution

59-3322196 5. Certificate of Status Desired

FILED

Feb 05 1998 8:00am

Secretary of State

\$8.75 Additional Fee Required \$5.00 May Be

Added to Fees

Applied For

Not Applicable

28. Mailing Address 28. 12364 (opvi(iv, No. 12364 GOVIC

City & State City & State were

29 Name and Address of Current Registered Agent 7. Is this nonprofit corporation a homeowners association? ☐ Yes **Z** 100

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent

GARCIA, LINDA 4010 BOY SCOUT BLVD., STE 813 **TAMPA FL 83607**

O. Box Number is Not Acceptable) 82 83

treasure 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 except the obligations of, Section 617.0503, Florida Statutes.

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(NOTE: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ___ Change DELETE **Addition** TITLE 1.1 TITLE LUND, DONALD NAME 12 NAME 12364 CAPRI CIR NORTH STREET ADDRESS 1.3 STREET ADDRESS 33106 TREASURE ISLAND FL. CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE GARCIA, LINDA NAME 2.2 NAME JIM WALTER CORP. - 4010 BOY SCOUT BLVD. STREET ADDRESS 2.3 STREET ADDRESS **TAMPA FL 33607** CITY-ST-ZIP 2. 4 CITY - ST - ZIP ☐ DELETE Change Addition TITLE 3.1 TITLE DAVANZO, KATHRYN NAME 3.2 NAME ECKERD FAMILY YOUTH - 100 N. STARCREST DR. STREET ADDRESS 3.3 STREET ADDRESS **CLEARWATER FL 34625** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change DELETE TITLE Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

6.4 CITY-ST-ZIP

LINDOUAGO R. LUND