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**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90040 046 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000006080**

1. Corporation Name

**SUNCOAST FOOTBALL COACHES ASSOCIATION OF PINELLA  
S COUNTY, INC.**

Principal Place of Business

GEORGE PALMER  
866 45TH AVE NE  
ST PETERSBURG FL 33703  
US

Mailing Address

866 45TH AVE NE  
ST. PETERSBURG FL 33703  
US



2. Principal Place of Business

21 **Tom Bostic**  
Suite, Apt. #, etc.  
22 **2008 Winding Oaks Dr.**  
City & State  
23 **Palm Harbor FL**  
Zip  
24 **34683** Country  
25 **PineLLas**

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 **5405, Hercules Ave**  
City & State  
28 **Clearwater**  
Zip  
29 **33764** Country  
30 **PineLLas**

3. Date Incorporated or Qualified

**12/12/1994**

4. FEI Number

**65-0616588**

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

9. Name and Address of Current Registered Agent

PALMER, GEORGE  
866 45TH AVE NE  
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name **G. THOMAS BOSTIC**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**540 S. HERCULES AVE.**  
83  
84 City **CLEARWATER** FL 85 Zip Code  
**33764**

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

*G. Thomas Bostic*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-11-99**  
DATE

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | D                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | DAVIS, JOHN             |  |
| STREET ADDRESS | 2750 HAINES BAYSHORE RD |  |
| CITY-ST-ZIP    | CLEARWATER FL 33760     |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | DAVIS, DON              |  |
| STREET ADDRESS | 1411 GULF RD            |  |
| CITY-ST-ZIP    | TARPON SPRING FL 34689  |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | DAVIS, AL               |  |
| STREET ADDRESS | 850 34TH ST S           |  |
| CITY-ST-ZIP    | ST PETERSBURG FL 33711  |  |
| TITLE          | DS                      | <input type="checkbox"/> DELETE            |
| NAME           | BRUCH, BRIAN            |  |
| STREET ADDRESS | 3034 HOMESTEAD OAKS DR  |  |
| CITY-ST-ZIP    | CLEARWATER FL           |  |
| TITLE          | T                       | <input type="checkbox"/> DELETE            |
| NAME           | ROPER, SAM              |  |
| STREET ADDRESS | 9401 131ST N            |  |
| CITY-ST-ZIP    | SEMINOLE FL             |  |
| TITLE          | T                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | PALMER, GEORGE          |  |
| STREET ADDRESS | 866 45TH AVE NE         |  |
| CITY-ST-ZIP    | ST PETERSBURG FL        |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |  |
|--------------------|---|--|
| 1.1 TITLE          | P   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | P/D   |  |
| 1.3 STREET ADDRESS | Tom Bostic                                    |  |
| 1.4 CITY-ST-ZIP    | 2008 Winding Oaks Dr.<br>Palm Harbor FL 34683 |  |
| 2.1 TITLE          | V/D   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | Mark Everett                                  |  |
| 2.3 STREET ADDRESS | 129 Overstreet Ct                             |  |
| 2.4 CITY-ST-ZIP    | Palm Harbor FL 34683                          |  |
| 3.1 TITLE          | V/D   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | Bob Stephens                                  |  |
| 3.3 STREET ADDRESS | 3408 Briarwood Ln.                            |  |
| 3.4 CITY-ST-ZIP    | Safety Harbor FL 34695                        |  |
| 4.1 TITLE          | V   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           | Sean Gordon                                   |  |
| 4.3 STREET ADDRESS |   |  |
| 4.4 CITY-ST-ZIP    |   |  |
| 5.1 TITLE          | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           |   |  |
| 5.3 STREET ADDRESS |   |  |
| 5.4 CITY-ST-ZIP    |   |  |
| 6.1 TITLE          | V   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | Sean P. Gordon                                |  |
| 6.3 STREET ADDRESS | 924 58th St. S.                               |  |
| 6.4 CITY-ST-ZIP    | Gulfport, FL 33707                            |  |

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-99 722-547-7536**

Date

Daytime Phone #

CR2E037 (11/98)