


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005092 (9)**

1. Corporation Name

THE SUNCOAST DIVING BOOSTER CLUB, INC.

Principal Place of Business

Mailing Address

% CITY OF LARGO SOUTHWEST COMPLEX
13120 YONN ROAD
LARGO FL 34644

% CITY OF LARGO SOUTHWEST COMPLEX
13120 YONN ROAD
LARGO FL 34644

3. Date Incorporated or Qualified

10/03/1996

4. FEI Number

59-3400718

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

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

10. Name and Address of New Registered Agent

**FELDMAN, DONNA J
2855 MCCORMICK DRIVE
CLEARWATER FL 34619**

81 Name

Shannon C. Eagan

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

401 Rosery Rd. NE #224

83

84 City

Largo

FL

85 Zip Code

33770

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

Shannon C. Eagan

(NOTE: Registered Agent signature required when reinstating)

11/4/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **MARY CLOSE**
STREET ADDRESS **2124 RIVERS EDGE CT**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **TD** ☐ DELETE
NAME **BETH GILLESPIE**
STREET ADDRESS **11829 CAMPHOR WAY**
CITY-ST-ZIP **SEMINOLE FL**

TITLE **D** ☒ DELETE
NAME **SCOTT ANDERSON**
STREET ADDRESS **1013 PALM TERRACE DRIVE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE **D** ☒ DELETE
NAME **ARLENE ANDERSON**
STREET ADDRESS **2388 TIMBERCREST CIR SO.**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME **Shannon Eagan**
3.3 STREET ADDRESS **401 Rosery Rd. NE #224**
3.4 CITY-ST-ZIP **Largo, FL 33770**

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

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:

Mary Close
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/98

734-3050

CP2E037 (10/97)