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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000005092

1. Corporation Name

THE SUNCOAST DIVING BOOSTER CLUB, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/03/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3400718	
24 Country		29 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	

9. Name and Address of Current Registered Agent

EAGAN, SHANNON C.
401 ROSERY RD. NE #224
LARGO FL 33770

10. Name and Address of New Registered Agent

81 Name	HAMPTON, DEBORAH
82 Street Address (P.O. Box Number is Not Acceptable)	5343 3rd Ave. North
83	
84 City	ST. PETERSBURG
85 Zip Code	FL 33710

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 Deborah B Hampton Deborah B Hampton 1-12-99
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	PD	1.1 TITLE	DP
NAME	MARY CLOSE	1.2 NAME	HAMPTON, DEBORAH
STREET ADDRESS	2124 RIVERS EDGE CT	1.3 STREET ADDRESS	5343 3rd Ave. North
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	St. Petersburg FL 33710
TITLE	TD	2.1 TITLE	DT
NAME	BETH GILLESPIE	2.2 NAME	KATHY DeSANTIS
STREET ADDRESS	11629 CAMPHOR WAY	2.3 STREET ADDRESS	11814 108th Ave. North
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	Largo, FL 33778
TITLE	D	3.1 TITLE	DVP
NAME	EAGAN, SHANNON	3.2 NAME	BEVERLY BEIRL
STREET ADDRESS	401 ROSERY RD NE #224	3.3 STREET ADDRESS	10785 Danielle Dr.
CITY-ST-ZIP	LARGO FL 33770	3.4 CITY-ST-ZIP	Largo, FL 33774
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Deborah B Hampton Deborah B Hampton 1-12-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)