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Jun 03 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 # N96000005316 (2)

1. Corporation Name

SUNCOAST ADULT CYSTIC FIBROSIS TASK FORCE, INC.



Principal Place of Business

Mailing Address

9721 EXECUTIVE CENTER DRIVE  
SUITE 114  
ST PETERSBURG FL 33702

9721 EXECUTIVE CENTER DRIVE  
SUITE 114  
ST PETERSBURG FL 33702-2438

3. Date Incorporated or Qualified  
10/14/1996

3a. Date of Last Report

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

24

25

29

30

4. FEI Number  
59-3423999

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

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

RUGG, ELIZABETH  
9721 EXECUTIVE CENTER DRIVE  
SUITE 114  
ST PETERSBURG FL 33702

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

TITLE P, D  
NAME CLARIZIO, ANTHONY  
STREET ADDRESS 7249 BRYAN DAIRY ROAD  
CITY-ST-ZIP LARGO FL 33777

DELETE

TITLE V, D  
NAME CASH, SCOTT  
STREET ADDRESS 9495 BLIND PASS ROAD, #503  
CITY-ST-ZIP ST PETERSBURG FL 33708

DELETE

TITLE S, D  
NAME WINTON, NATHAN  
STREET ADDRESS 9721 EXECUTIVE CENTER DRIVE  
CITY-ST-ZIP ST PETERSBURG FL 33702

DELETE

TITLE T, D  
NAME COSTELLO, BOB  
STREET ADDRESS 9721 EXECUTIVE CENTER DRIVE  
CITY-ST-ZIP ST PETERSBURG FL 33702

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D  
1.2 NAME CALVERT, Sandy  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE V, D  
2.2 NAME BUBY, David  
2.3 STREET ADDRESS 12291 70th Street North  
2.4 CITY-ST-ZIP Largo, FL 34643-3023

Change Addition

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

Change Addition

4.1 TITLE T, D  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

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

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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: Sandy Calvert

4/7/97 (813) 547-1905

CR2E037 (9/96)