


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005316 (2)**

1. Corporation Name

**SUNCOAST ADULT CYSTIC FIBROSIS TASK FORCE, INC.**



Principal Place of Business	Mailing Address
<b>9721 EXECUTIVE CENTER DRIVE SUITE 114 ST PETERSBURG FL 33702</b>	<b>9721 EXECUTIVE CENTER DRIVE SUITE 114 ST PETERSBURG FL 33702</b>

3. Date Incorporated or Qualified

**10/14/1996**

4. FEI Number

**59-3423999**

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

**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 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PD  
CALVERT, SANDY  
7249 BRYAN DAIRY ROAD  
LARGO FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VD  
BUBY, DAVID  
12291 70TH ST NORTH  
LARGO FL 23**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**S  
WINTON, NATHAN  
9721 EXECUTIVE CENTER DRIVE  
ST PETERSBURG FL 33702**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**TD  
COSTELLO, BOB  
9721 EXECUTIVE CENTER DRIVE  
ST PETERSBURG FL**

TITLE  
NAME  
STREET ADDRESS  
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

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

**BUBY, DR. DAVID  
12291 70th Street North  
Largo, Florida 33701**

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

**CALVERT, SANDY  
7249 Bryan Dairy Road  
Largo, Florida 34648**

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

**COOK, MICHAEL  
1130 94th Avenue North  
St. Petersburg, Florida 33702**

4.1 TITLE  
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 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:  **David Buby** 4/14/98 (813) 576-7772

CR2E037 (10/97)