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NONPROFIT  
CORPORATION  
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1998/9

DOCUMENT # **N96000005316 (2)**

1. Corporation Name

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



Principal Place of Business

9721 EXECUTIVE CENTER DRIVE  
SUITE 114  
ST PETERSBURG FL 33702

Mailing Address

9721 EXECUTIVE CENTER DRIVE  
SUITE 114  
ST PETERSBURG FL 33702

3. Date Incorporated or Qualified

10/14/1996

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

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 9800 4th St. North

Suite, Apt. #, etc.

22 Suite 206

City & State

23 St. Petersburg, FL

Zip

24 33702

Country

25 U.S.

2a. Mailing Address

26 9800 4th St. North

Suite, Apt. #, etc.

27 Suite 206

City & State

28 St. Petersburg, FL

Zip

29 33702

Country

30 U.S.

9. Name and Address of Current 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)

9800 4th Street North

83 Suite 206

84 City

St. Petersburg,

FL

85 Zip Code

33702

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BUBY, Dr. David  
STREET ADDRESS 12291 70th Street North  
CITY-ST-ZIP Largo, FL 33701

TITLE VD ☐ DELETE

NAME CALVERT, Sandy  
STREET ADDRESS 7249 Bryan Dairy Road  
CITY-ST-ZIP Largo, Florida 34648

TITLE S ☐ DELETE

NAME COOK, Michael  
STREET ADDRESS 1130 94th Avenue North  
CITY-ST-ZIP St. Petersburg, FL 33702

TITLE TD ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

RUGG, Elizabeth  
9800 4th St. North, Ste. 206  
St. Petersburg, FL 33702

Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

Change ☐ Addition

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:

*Elizabeth M. Rugg*

Elizabeth M. Rugg 3/22/99 (727) 217-7070

Date

Daytime Phone # 0050742