

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90020 010 ****61.25

DOCUMENT # N96000005730

1. Corporation Name

SUNCOAST GUARDIANSHIP ASSOCIATION, INC.

Principal Place of Business

P O BOX 7077
CLEARWATER FL 34618

Mailing Address

P O BOX 7077
CLEARWATER FL 34618



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/07/1996

4. FEI Number

59-3418657

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

9. Name and Address of Current Registered Agent

BRANDT, MARK W
595 MAIN ST
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

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 **DP** ☒ DELETE
NAME **MILLER, PATRICIA K**
STREET ADDRESS **39650 US 19 N #331**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **D** ☒ DELETE
NAME **RESCHLEIN, FRANCES H**
STREET ADDRESS **2308 DEMARET DR**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **DT** ☐ DELETE
NAME **ROBBINS, PAMELA**
STREET ADDRESS **9511 120TH ST N**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **D** ☐ DELETE
NAME **SCHRAMMEK, SUSANNA**
STREET ADDRESS **1501 N BELCHER, SUITE 249**
CITY-ST-ZIP **CLEARWATER FL 34625**

TITLE **DS** ☒ DELETE
NAME **WARTENBERG, ERNEST H**
STREET ADDRESS **625 VILLAGE WAY**
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **SUSANNA SCHRAMMEK**
1.3 STREET ADDRESS **1501 Belcher, Suite 249**
1.4 CITY-ST-ZIP **Clearwater FL 34625**

2.1 TITLE **DS** ☐ Change ☒ Addition
2.2 NAME **GENNY McDONALD**
2.3 STREET ADDRESS **TARPON BAYOU CENTER**
2.4 CITY-ST-ZIP **515 CHESAPEAKE DR 34689**

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

4.1 TITLE **DP** ☒ Change ☒ Addition
4.2 NAME **SCHRAMMEK, SUSANNA**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **Barbara Riley Baker** ☒ Change ☒ Addition
5.2 NAME **Director**
5.3 STREET ADDRESS **1491 main St. Suite 218**
5.4 CITY-ST-ZIP **DUNEDIN, FL 34698**

6.1 TITLE **D** ☒ Change ☒ Addition
6.2 NAME **GLORIA HALL**
6.3 STREET ADDRESS **501 South Walton Avenue**
6.4 CITY-ST-ZIP **Tarpon Springs, FL 34689**

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: *Pamela Robbins* **Pamela Robbins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-391-6256

CR2E037 (1/98)