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Feb 24 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N97000003847 (7)

1. Corporation Name

SUNCOAST BULLDOG FRIENDS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4504  
SEMINOLE FL 33775-4504

P.O. BOX 4504  
SEMINOLE FL 33775-4504

3. Date Incorporated or Qualified

07/09/1997

4. FEI Number

59-3458224

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

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

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

BEALL, RICHARD L  
11142 102ND AVE. NORTH  
SEMINOLE FL 33778

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

Richard Lawrence

(NOTE: Registered Agent signature required when reinstating)

2-15-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME BEALL, RICHARD L  
STREET ADDRESS 11142 102ND AVE. NORTH  
CITY-ST-ZIP SEMINOLE FL 33778

TITLE D  
NAME BEALL, DAWN  
STREET ADDRESS 11142 102ND AVE. NORTH  
CITY-ST-ZIP SEMINOLE FL 33778

TITLE D  
NAME DEVOID, PATRICK  
STREET ADDRESS 7606 SANIBEL CIRCLE NORTH  
CITY-ST-ZIP TEMPLE TERRACE FL 33637

TITLE D  
NAME DEVOID, PAMELA  
STREET ADDRESS 7606 SANIBEL CIRCLE NORTH  
CITY-ST-ZIP TEMPLE TERRACE FL 33637

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

[Signature]

2-15-98 392-7012

CP2E037 (10/97)