

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718972

FILED
Jan 16, 2009
Secretary of State

Entity Name: SUNCOAST ALPINE SKI CLUB, INC.

Current Principal Place of Business:

14805 N. FLORIDA AVE
SUITE A
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 25144
TAMPA, FL 336225144 US

New Mailing Address:

FEI Number: 59-1710097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAY AREA ACCOUNTING-PHILLIP REID-CPA
14805 N. FLORIDA AVE.
SUITE B
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: REED, PHIL
Address: 3315 W. DELEON ST #13
City-St-Zip: TAMPA, FL 33609

Title: VPD () Delete
Name: JACKSON, ALAN
Address: 8341 LIMAN DR.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: TD () Delete
Name: ALLEN, CRAIG
Address: 11360 8TH E
City-St-Zip: TREASURE ISLAND, FL 33706

Title: SD () Delete
Name: BAYLISS, JOE
Address: 425 18TH AVE. NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: DIR () Delete
Name: SMITH, LYNN
Address: 1104 SAMY DR.
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH A BAYLISS

SD

01/16/2009

Electronic Signature of Signing Officer or Director

Date