2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004
Secretary of State

DOCUMENT# 762267

Entity Name: ADVERTISING FEDERATION OF THE SUNCOAST, INC.

Current Principal Place of Business:

3542 STOKES DR
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 15945
SARASOTA, FL 34277 US

New Mailing Address:

FEI Number: 59-2412389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAXTER, PETER
3542 STOKES DR
SARASOTA, FL 34232 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:	P	( ) Delete
Name:	BAXTER, PETER G	
Address:	3542 STOKES DR	
City-St-Zip:	SARASOTA, FL 34232	
Title:	T	( ) Delete
Name:	GARDNER, SCOTT	
Address:	6720 S TAMIAMI TRAIL	
City-St-Zip:	SARASOTA, FL 34231	
Title:	S	( ) Delete
Name:	ROVNAK, ROB	
Address:	6001 OLIVE DR	
City-St-Zip:	SARASOTA, FL 34231	
Title:	D	( ) Delete
Name:	WOELFLE, DAWN	
Address:	3044 GOLDEN RAIN	
City-St-Zip:	SARASOTA, FL 34232	
Title:	D	( ) Delete
Name:	BROWN, MICHAEL	
Address:	1542 STOKES DR	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	( ) Delete
Name:	KEMPTON, STEPHANIE	
Address:	333 N ORANGE AVE	
City-St-Zip:	SARASOTA, FL 34236	

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SCOTT J GARDNER T 05/04/2004

Electronic Signature of Signing Officer or Director — Date