

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770505

FILED
Apr 22, 2006
Secretary of State

Entity Name: NORTH SUNCOAST ESTATE PLANNING COUNCIL, INC.

Current Principal Place of Business:

2509 CHEVAL DR.
HOLIDAY, FL 34690 US

New Principal Place of Business:

Current Mailing Address:

2509 CHEVAL DR.
HOLIDAY, FL 34690 US

New Mailing Address:

FEI Number: 59-2025998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, MICHAEL V
2509 CHEVAL DR.
HOLIDAY, FL 34690 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: TDD () Delete
Name: MAY, MICHAEL V
Address: 2509 CHEVAL DR
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: ATHANASSIE, STEVE
Address: 5328 TROUBLE CREEK RD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PD () Delete
Name: TILLER, ROBERT
Address: 7600 MASSACHUSETTS AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD () Delete
Name: MCMAHON, ELIZABETH E
Address: 1712 MEREDITH LANE
City-St-Zip: BELLEAIR, FL 337561635

Title: SD () Delete
Name: HUGHES, ALLYSON
Address: 7604 MASSACHUSETTS AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: THOMPSON, IRENE
Address: 7600 MASSACHUSETTS AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D (X) Change () Addition
Name: TILLER, ROBERT
Address: 7600 MASSACHUSETTS AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD (X) Change () Addition
Name: MCCLURE, GREGORY
Address: 480 LAKEVIEW DR #51
City-St-Zip: PALM HARBOR, FL 34683

Title: PD (X) Change () Addition
Name: HUGHES, ALLYSON
Address: 7604 MASSACHUSETTS AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL V MAY

TDD

04/22/2006

Electronic Signature of Signing Officer or Director

Date