

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770505

FILED  
Mar 19, 2009  
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: TD ( ) Delete  
Name: MAY, MICHAEL V  
Address: 2509 CHEVAL DR  
City-St-Zip: HOLIDAY, FL 34690

Title: D ( ) Delete  
Name: THOMPSON, IRENE  
Address: 7600 MASSACHUSETTS AVE  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD ( ) Delete  
Name: GANGEMI, LINDA  
Address: 11031 U S HIGHWAY 19  
City-St-Zip: PORT RICHEY, FL 34668

Title: VD ( ) Delete  
Name: MITCHELL, THOMAS  
Address: 5332 MAIN ST  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PD ( ) Delete  
Name: HOOK, DAVID  
Address: 4918 FLORAMAR TERR  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: HOOK, DAVID  
Address: 4918 FLORAMAR TERR  
City-St-Zip: NEW PORT RICHEY, FL 34652

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

Title: PD (X) Change ( ) Addition  
Name: MITCHELL, THOMAS  
Address: 5332 MAIN ST  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change ( ) Addition  
Name: STONE, MICHAEL  
Address: 7512 RIDGE ROAD  
City-St-Zip: PORT RICHEY, FL 34668

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: MICHAEL V. MAY

TD

03/19/2009

Electronic Signature of Signing Officer or Director

Date