

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38747

FILED
Mar 26, 2009
Secretary of State

Entity Name: SINCERELY, SANTA, INC.

Current Principal Place of Business:

5802-A E. FOWLER AVE., STE. 167
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

11802 N. 56TH STREET
TAMPA, FL 33617

New Mailing Address:

FEI Number: 59-3013333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, DEBRA L
11802 N. 56TH STREET
TAMPA, FL 33617 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: HOFFMAN, DEBRA L
Address: 11802 N. 56TH STREET
City-St-Zip: TAMPA, FL 33617

Title: PD () Delete
Name: MILLER, DIANE
Address: 12807 TWIN BRANCH ACRES RD.
City-St-Zip: TAMPA, FL 33626

Title: VD () Delete
Name: RAASCH, DAVID
Address: 24411 SUMMER NIGHTS CT
City-St-Zip: LUTZ, FL 33559

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:

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: DEBRA L HOFFMAN

TRES

03/26/2009

Electronic Signature of Signing Officer or Director

Date