

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 247884

FILED
Mar 24, 2009
Secretary of State

Entity Name: BUILDING SUPPLY CREDIT ASSN OF SARA-MANA INC

Current Principal Place of Business:

2122 10TH STREET
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

PO BOX 49123
SARASOTA, FL 342306123 US

New Mailing Address:

FEI Number: 59-0931573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEUTHOLD, PATRICIA W
2122 10TH STREET
SARASOTA, FL 34237 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: WATKINS, PAT
Address: 7245 16TH ST E
City-St-Zip: SARASOTA, FL 34243

Title: PD () Delete
Name: AVERY, MARK
Address: 5875 QUARRY DR
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: TAYLOR, PAMLYN
Address: 360 CENTRAL AVE. #190
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D () Delete
Name: MILLER, JOHN
Address: 8283 VICO COURT
City-St-Zip: SARASOTA, FL 34240

Title: VPD () Delete
Name: FULTON, GEMMA,
Address: 3801 N. ORANGE AVE.
City-St-Zip: SARASOTA, FL

Title: D () Delete
Name: LEUTHOLD, PATRICIA W
Address: 2122 10TH STREET
City-St-Zip: SARASOTA, FL

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
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City-St-Zip:

Title: () Change () Addition
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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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA W LEUTHOLD

D

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date