

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710020

FILED
Feb 14, 2009
Secretary of State

Entity Name: SUNSHINE DISTRICT ASSOCIATION OF CHAPTERS OF S. P. E. B. S. Q. A. , INC.

Current Principal Place of Business:

6399 ALLEGHANY AVE
COCOA, FL 32927 US

New Principal Place of Business:

Current Mailing Address:

6399 ALLEGHANY AVE
COCOA, FL 32927 US

New Mailing Address:

FEI Number: 59-6194988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW, LEWIS L SECRETA
6399 ALLEGHANY AVE
COCOA, FL 32927 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: LONG, DON
Address: 3921 APPLGATE CIR.
City-St-Zip: BRANDON, FL 33511

Title: SD () Delete
Name: LAW, LEWIS L
Address: 6399 ALLEGHANY AVE
City-St-Zip: COCOA, FL 32927

Title: PD () Delete
Name: BILLINGS, BILL
Address: 6963 4TH ST S
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VD () Delete
Name: HOPKINS, KEITH
Address: 2550 HIGHLANDS VUE PKWY
City-St-Zip: LAKE LAND, FL 33812

Title: BMAL () Delete
Name: JOHNSON, JERRY
Address: 5233 TREE WAY LN S
City-St-Zip: JACKSONVILLE, FL 32258

Title: BMAL () Delete
Name: BOLL, WILLIAM
Address: 2260 COSTA RICAN DRIVE APT #2
City-St-Zip: CLEARWATER, FL 33763

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: BMAL (X) Change () Addition
Name: SCHLINKERT, MARK
Address: 14383 LORD BARCLAY DRIVE
City-St-Zip: ORLANDO, FL 32837

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: LEWIS L. LAW

SEC

02/14/2009

Electronic Signature of Signing Officer or Director

Date