2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#719453

FILED Jun 22, 2008 Secretary of State

Entity Name: FLORIDA SUNCOAST CHAPTER OF THE 99'S, INC.

Current P	rincipal Place of E	Business:	New Princip	al Place of Business:
	MWOOD DR ATER, FL 33765	US		
Current M	ailing Address:		New Mailing	Address:
	MWOOD DR ATER, FL 33765	US		
n accordan	ce with s. 607.193(2)(I	o), F.S., the corporation did not re	•	,,
lame and	Address of Curre	ent Registered Agent:	Name and A	ddress of New Registered Agent:
1659 PALN	ID, JEANNE MWOOD DR ATER, FL 33765	US		
	named entity subn e of Florida.	nits this statement for the purp	oose of changing its	registered office or registered agent, or bo
n the State	e of Florida.	nits this statement for the purp	oose of changing its	registered office or registered agent, or bo
n the State	e of Florida. RE:	nits this statement for the purp gnature of Registered Agent		registered office or registered agent, or bo Date
n the State	e of Florida. RE:	gnature of Registered Agent		
n the State SIGNATUF DFFICERS itle: lame: ddress:	e of Florida. RE: Electronic S	gnature of Registered Agent S: te R		Date
n the State BIGNATUF DFFICERS Title: Iame: Iddress: City-St-Zip: Idme: Idme: Iddress:	e of Florida. RE: Electronic S S AND DIRECTOR TD () Dele BURKLUND, JEANNI 1659 PALMWOOD D	gnature of Registered Agent S: te R 33765 te RA	ADDITIONS/ Title: Name: Address:	Date CHANGES TO OFFICERS AND DIRECT
n the State	E of Florida. RE: Electronic S S AND DIRECTOR TD () Dele BURKLUND, JEANNI 1659 PALMWOOD D CLEARWATER, FL C () Dele STRACHAN, BARBAI 12501 ULMERTON F	gnature of Registered Agent SS: te E R 33765 te RA RD	ADDITIONS/ Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Vame: Address: Address: Address: Address: City-St-Zip:	Date CHANGES TO OFFICERS AND DIRECT () Change () Addition

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: JEANNE BURKLUND TD 06/22/2008