

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726536

FILED
May 04, 2009
Secretary of State

Entity Name: FLORIDA SUNCOAST CHAPTER OF THE SOCIETY OF CHARTERED PROPERTY AND CASUALTY UNDERWRITERS, INC.

Current Principal Place of Business:

14461 MIRABELLE VISTA CIRCLE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

P O BOX 20471
TAMPA, FL 33622

New Mailing Address:

FEI Number: 59-1506431 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STITT, WILLIAM
2643 CYPRESS BEND DR.
CLEARWATER, FL 33761 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: PE () Delete
Name: GOBALASINGHAM, SABA
Address: 11466 TINDER COURT
City-St-Zip: VENICE, FL 34292

Title: SD () Delete
Name: MAGANN, ROBERT
Address: 4407 HIDDEN SHADOW DR
City-St-Zip: TAMPA, FL 33614

Title: P () Delete
Name: TROSIN, RUDOLPH
Address: 18701 CHEMILLE DR
City-St-Zip: LUTZ, FL 33558

Title: PP () Delete
Name: STITT, WILLIAM
Address: 2643 CYPRESS BEND DR
City-St-Zip: CLEARWATER, FL 33761

Title: TD () Delete
Name: KROTKI, JAMES
Address: 14461 MIRABELLE VISTA CIR
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOBALASINGHAM, SABA
Address: 11466 TINDER COURT
City-St-Zip: VENICE, FL 34292

Title: SD (X) Change () Addition
Name: SCHROTTER, MICHELE
Address: 101 STARCREST DRIVE
City-St-Zip: CLEARWATER, FL 33765

Title: PP (X) Change () Addition
Name: TROSIN, RUDOLPH
Address: 18701 CHEMILLE DR
City-St-Zip: LUTZ, FL 33558

Title: VP (X) Change () Addition
Name: STITT, WILLIAM
Address: 2643 CYPRESS BEND DR
City-St-Zip: CLEARWATER, FL 33761

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: JAMES KROTKI

TD

05/04/2009

Electronic Signature of Signing Officer or Director

Date