2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# 737715

Entity Name: SUNCOAST CRIME PREVENTION ASSOCIATION, INC.

Current Principal Place of Business:

645 PIERCE ST
CLEARWATER, FL 33756

New Principal Place of Business:

8110 7 STREET NORTH
ST. PETERSBURG, FL 33702

Current Mailing Address:

645 PIERCE ST
CLEARWATER, FL 33756

New Mailing Address:

8110 7 STREET NORTH
ST. PETERSBURG, FL 33702

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEBERT, LISA
C/O CLEARWATER POLICE DEPARTMENT
645 PIERCE ST
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

MCKEON, CHERIE
5308 PALM AIRE DR.
SARASOTA, FL 34243 US

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: CHERIE MCKEON 02/15/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WELLS, WILLIAM
Address: 1300 1 AVE N
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: S ( ) Delete
Name: HAYS, NELL
Address: 434 FERNLEAF AV
City-St-Zip: SEBRING, FL 33870

Title: T ( ) Delete
Name: HEBERT, LISA
Address: 645 PIERCE ST
City-St-Zip: CLEARWATER, FL 33756

Title: VPD ( ) Delete
Name: SAXER, DONNA
Address: 1100 59TH ST NO
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: MCKEON, CHERIE
Address: 2050 RINGLING BLVD
City-St-Zip: SARASOTA, FL 34237

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM WELLS P 02/15/2007
Electronic Signature of Signing Officer or Director Date