

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737715

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: SUNCOAST CRIME PREVENTION ASSOCIATION, INC.

**Current Principal Place of Business:**

8110 7 STREET NORTH  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

8110 7 STREET NORTH  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

MCKEON, CHERIE  
5308 PALM AIRE DR.  
SARASOTA, FL 34243    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:                      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:                      MCKEON, CHERIE  
Address:                      2050 RINGLING BLVD  
City-St-Zip:                      SARASOTA, FL 34237

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:                      VP                      (X) Change ( ) Addition  
Name:                      HAYS, NELL  
Address:                      434 FERNLEAF AV  
City-St-Zip:                      SEBRING, FL 33870

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

Title:                      S                      (X) Change ( ) Addition  
Name:                      MERRIMAN, PORTIA  
Address:                      6118 8 ST  
City-St-Zip:                      ZEPHYRHILLS, FL 33540

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: WILLIAM WELLS

P

03/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date