

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737715

FILED  
Mar 18, 2011  
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:**

WELLS, WILLIAM  
8110 7 ST N  
ST. PETERSBURG, FL 33702    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  
Name: HAYS, NELL  
Address: 434 FERNLEAF AV  
City-St-Zip: SEBRING, FL 33870

Title: VP  
Name: SHARP, CYNTHIA  
Address: 219 N MASSACHUSETTS AVE  
City-St-Zip: LAKELAND, FL 33801

Title: T  
Name: WELLS, WILLIAM  
Address: 8110 7 ST N  
City-St-Zip: ST. PETERSBURG, FL 33702

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM WELLS

TREA

03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date