


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 750642	
1. Entity Name	
SNPJ SUNCOAST LODGE #778, INC.	

Principal Place of Business	Mailing Address
13383 COUNTY LINE RD BROOKSVILLE FL 34609 US	P.O. BOX 5852 SPRING HILL FL 34611 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number		Applied For
NO-T APPLICABLE		<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SOROS, ANNE 8642 WOODBRIDGE DR NEW PORT RICHEY FL 34655		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD	TITLE	
NAME	MARKEL, ANTHONY	NAME	
STREET ADDRESS	17539 S.E. 96TH ST.	STREET ADDRESS	U00000642672
CITY- ST- ZIP	SUMMERFIELD FL 34491	CITY- ST- ZIP	03/01/07-80052-025 61.25
TITLE	SD	TITLE	
NAME	BOUMA, GRACE	NAME	
STREET ADDRESS	6506 MAYHILL CT	STREET ADDRESS	
CITY- ST- ZIP	SPRING HILL FL	CITY- ST- ZIP	
TITLE	TD	TITLE	
NAME	SOROS, ANNE	NAME	
STREET ADDRESS	8642 WOODBRIDGE DR	STREET ADDRESS	
CITY- ST- ZIP	NEW PORT RICHEY FL 34655	CITY- ST- ZIP	
TITLE	P	TITLE	
NAME	GOMBOCS, JOHN A.	NAME	
STREET ADDRESS	8642 WOOD BRIDGE DRIVE	STREET ADDRESS	
CITY- ST- ZIP	NEW PORT RICHEY FL	CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE SOROS 2-12-07 727-372-0529