

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750642

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: SNPJ SUNCOAST LODGE #778, INC.

**Current Principal Place of Business:**

13383 COUNTY LINE RD  
BROOKSVILLE, FL 34609 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5852  
SPRING HILL, FL 34611 US

**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:**

SOROS, ANNE  
8642 WOODBRIDGE DR  
NEW PORT RICHEY, FL 34655 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: VPD ( ) Delete  
Name: HARFMAN, WALTER  
Address: 15665 OAKCREST CIR  
City-St-Zip: SPRING HILL, FL 34606

Title: SD ( ) Delete  
Name: BOUMA, GRACE  
Address: 6506 MAYHILL CT  
City-St-Zip: SPRING HILL, FL

Title: TD ( ) Delete  
Name: SOROS, ANNE  
Address: 8642 WOODBRIDGE DR  
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: P ( ) Delete  
Name: DRONGOSKY, BEN  
Address: 2639 SW 20TH CIR  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: ANNE SOROS

TREA

01/30/2009

Electronic Signature of Signing Officer or Director

Date