

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754969

FILED
Jan 14, 2009
Secretary of State

Entity Name: SECURITY TRADERS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

800 CARILLON PKWY
ST PETERSBURG, FL 33617

New Principal Place of Business:

880 CARILLON PKWY
ST PETERSBURG, FL 33617

Current Mailing Address:

4511 W LEONA ST
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-2121451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARK, S. PETER
4511 W LEONA STREET
TAMPA, FL 33629 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: FARRELL QUINN, JOANN
Address: 907 SOUTH BRUCE S
City-St-Zip: TAMPA, FL 33606

Title: T () Delete
Name: STARK, S. PETER
Address: 4511 W LEONA STREET
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: CORTES, HENRY J
Address: 2170 WEST STATE ROAD 434, SUITE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: DOUGLAS, JEFF
Address: 250 INTERNATIONAL PARKWAY, STE 208
City-St-Zip: HEATHROW, FL 32246

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: JACOBS, IAN
Address: 3010 N. MILITARY TRAIL
City-St-Zip: BOCA RATON, FL 33431

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

Title: D () Change (X) Addition
Name: HILSMAN, JANICE
Address: 5002 W. WATERS AVENUE
City-St-Zip: TAMPA, FL 33634

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: S. PETER STARK

T

01/14/2009

Electronic Signature of Signing Officer or Director

Date