

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007 8:00 am
Secretary of State

08-28-2007 90023 010 ****61.25

DOCUMENT # 762267	
1. Entity Name ADVERTISING FEDERATION OF THE SUNCOAST, INC.	

Principal Place of Business 3044 GOLDEN RAIN DR SARASOTA, FL 34232 US	Mailing Address PO BOX 15945 SARASOTA, FL 34277 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



07312007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
GARDNER, SCOTT 1747 INDEPENDENCE BLVD. SUITE E3 SARASOTA, FL 34234	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

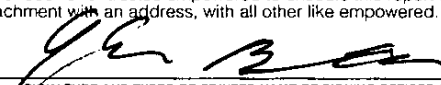
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	P KLEE, DAWN 4411 BEE RIDGE RD #331 SARASOTA, FL 34232 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Stern, Sam 1900 Main St, Ste. 301 Sarasota, FL 34236 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, PEDRO 677 NORTH WASHINGTON BLVD. SARASOTA, FL 34236 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Libbi Morgan 210 Central Sarasota, FL 34236 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LONGO, SHEILA 1747 INDEPENDENCE BLVD. SUITE E3 SARASOTA, FL 34234 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd VP Anand Pallegar 241 Central Sarasota, FL 34236 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John Barron 1960 Strickney Point Sarasota, FL 34231 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  John Barron 8/25/07 941-374-9333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #