

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764331

FILED
Apr 20, 2004
Secretary of State

Entity Name: HOLY CROSS COLLEGE CLUB OF FLORIDA-SUNCOAST, INC.

Current Principal Place of Business:

4705 W. SAN MIGUEL
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4705 W. SAN MIGUEL
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-2344913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, TIM
316 HYDE PARK AVE S
TAMPA, FL 33606 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: DT () Delete
Name: LEDING JR, MICHAEL J,
Address: 4705 W SAN MIGUEL
City-St-Zip: TAMPA, FL 33629,

Title: D (X) Delete
Name: HOLFELDER, LAWRENCE, A
Address: 11730 LIPSEY ROAD
City-St-Zip: TAMPA, FL 33618,

Title: D (X) Delete
Name: SCHURR, ROGER D,
Address: 12013 NICKLAUS CIRCLE
City-St-Zip: TAMPA, FL 33624,

Title: D (X) Delete
Name: LEFEBVRE, WILFRID H,
Address: 7200 ULMERTON RD #1379
City-St-Zip: LARGO, FL 34641,

Title: D (X) Delete
Name: SHANNON, ROBERT F,
Address: 10127 WHITE TROUT LANE
City-St-Zip: TAMPA, FL 33618,

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL J. LEDING, JR.

DT

04/20/2004

Electronic Signature of Signing Officer or Director

Date