



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90028 013 ****61.25

DOCUMENT # 769339 1. Entity Name SUNCOAST SINGERS, INC.					
Principal Place of Business 2000 DOLPHIN BLVD S SAINT PETERSBURG, FL 33707-3812 10172 63 ST N SEMINOLE FL 33772-6919			Mailing Address 2000 DOLPHIN BLVD S SAINT PETERSBURG, FL 33707-3812 10172 63 ST N SEMINOLE FL 33772-6919		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		40060111  01032008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2712431 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOOTHROYD, JUANITA 8315 140TH ST N SEMINOLE, FL 33776				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME HOPKINS, CAROL STREET ADDRESS 2940 W BAY DR #204 CITY-ST-ZIP BELLAIR, FL 33770 - 2671	<input type="checkbox"/> Delete		TITLE SEC. ANNETTE DI MARCO NAME 7664 90 WAY N STREET ADDRESS SEMINOLE FL 33777-4034 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BAYER, MARILYN STREET ADDRESS 10172 63 ST NORTH CITY-ST-ZIP SEMINOLE, FL 33772 - 6919	<input type="checkbox"/> Delete		TITLE TRASER NAME NANCY CLARK STREET ADDRESS 1660 GOLF BLVD CITY-ST-ZIP CLEARWATER FL 33767-2935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME VICTOR, LOIS STREET ADDRESS 6900 VEMERTON RD CITY-ST-ZIP LARGO, FL 33771	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BERNSTEIN, HARVEY STREET ADDRESS 2000 DOLPHIN BLVD CITY-ST-ZIP SAINT PETERSBURG, FL 33707	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Marilyn M. Bayer, VP 2/6/2008 727-399-0599 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					