

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770505

FILED
Apr 08, 2008
Secretary of State

Entity Name: NORTH SUNCOAST ESTATE PLANNING COUNCIL, INC.

Current Principal Place of Business:

2509 CHEVAL DR.
HOLIDAY, FL 34690 US

New Principal Place of Business:

Current Mailing Address:

2509 CHEVAL DR.
HOLIDAY, FL 34690 US

New Mailing Address:

FEI Number: 59-2025998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, MICHAEL V
2509 CHEVAL DR.
HOLIDAY, FL 34690 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: TDD () Delete
Name: MAY, MICHAEL V
Address: 2509 CHEVAL DR
City-St-Zip: HOLIDAY, FL 34690

Title: SD () Delete
Name: THOMPSON, IRENE
Address: 7600 MASSACHUSETTS AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: TILLER, ROBERT
Address: 7600 MASSACHUSETTS AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD () Delete
Name: MCCLURE, GREGORY
Address: 480 LAKEVIEW DR #51
City-St-Zip: PALM HARBOR, FL 34683

Title: PD () Delete
Name: HUGHES, ALLYSON
Address: 7604 MASSACHUSETTS AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MAY, MICHAEL V
Address: 2509 CHEVAL DR
City-St-Zip: HOLIDAY, FL 34690

Title: D (X) Change () Addition
Name: THOMPSON, IRENE
Address: 7600 MASSACHUSETTS AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD (X) Change () Addition
Name: GANGEMI, LINDA
Address: 11031 U S HIGHWAY 19
City-St-Zip: PORT RICHEY, FL 34668

Title: VD (X) Change () Addition
Name: MITCHELL, THOMAS
Address: 5332 MAIN ST
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: PD (X) Change () Addition
Name: HOOK, DAVID
Address: 4918 FLORAMAR TERR
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MICHAEL V. MAY

TD

04/08/2008

Electronic Signature of Signing Officer or Director

Date