

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003304

FILED  
Apr 23, 2006  
Secretary of State

**Entity Name:** FLORIDA SUNCOAST PUPPET GUILD, INC.

**Current Principal Place of Business:**

7107 N. HOWARD AVE  
TAMPA, FL 336045260

**New Principal Place of Business:**

7107 N. HOWARD AVE  
TAMPA, FL 336045260 US

**Current Mailing Address:**

7107 N. HOWARD AVE  
TAMPA, FL 336045260

**New Mailing Address:**

**FEI Number:** 58-1400008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WREN, JODY  
7107 N. HOWARD AVE  
TAMPA, FL 336045260 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: DP ( ) Delete  
Name: WREN, JODY  
Address: 7107 N. HOWARD AVE  
City-St-Zip: TAMPA, FL 336045260

Title: DV ( ) Delete  
Name: ADAMS, KATIE  
Address: 206 S WARD  
City-St-Zip: TAMPA, FL 33609

Title: DST ( ) Delete  
Name: LAKUS, PRISCILLA  
Address: 716 S. PACKWOOD AVE  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: LAKUS, FRANK  
Address: 716 S. PACKWOOD AVE  
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete  
Name: BROWN, RON  
Address: 7501 142 AVE N #493  
City-St-Zip: LARGO, FL 33771

**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 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: JODY WREN

DP

04/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date