2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N00000003304

Entity Name: FLORIDA SUNCOAST PUPPET GUILD, INC.

Current Principal Place of Business:

7107 N. HOWARD AVE
TAMPA, FL 336045260 US

New Principal Place of Business:

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 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 04/05/2009

Electronic Signature of Signing Officer or Director — Date