

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006516

FILED
Jul 07, 2008
Secretary of State

Entity Name: SUNCOAST BROWNS BACKERS, INC.

Current Principal Place of Business:

6419 BUTTE AVE.
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

6419 BUTTE AVE.
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 59-3672117 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLUNDJIA, JOHN
2231 FAIRFIELD AVENUE SOUTH
SAINT PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

THOMPSON, RUSSELL
6727 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34653 US

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: RUSSELL THOMPSON

07/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STOLTZ, VIRGIL A
Address: 6419 BUTTE AVE.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VD () Delete
Name: SZILAGYI, JIM
Address: 14413 DUANE CT
City-St-Zip: SPRING HILL, FL 34610

Title: STD () Delete
Name: MIESER, FRED
Address: 1307 MARAVISTA DR.
City-St-Zip: NEW PORT RICHEY, FL 34655

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:

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: VIRGIL A. STOLTZ

PD

07/07/2008

Electronic Signature of Signing Officer or Director

Date