2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007562

Entity Name: SUNCOAST BAY AREA PAYROLL ASSOCIATION, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12215 BEGIN DRIVE 10221 LOCKWOOD PINES LANE

RIVERVIEW, FL 33569 US TAMPA, FL 33635 US

Current Mailing Address: New Mailing Address:

P.O. BOX 48013

SAINT PETERSBURG, FL 337438013

FEI Number: 59-3697199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WEBB, ROY JAVITZ, STAN

12215 BEGIN DRIVE 10221 LOCKWOOD PINES LANE

RIVERVIEW, FL 33569 TAMPA, FL 33635

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: STAN JAVITZ 04/30/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: WEBB, ROY Name: JAVITZ, STAN

Name: VVEBB, ROY Name: JAVITZ, STAN
Address: 12215 BEGIN DRIVE Address: 10221 LOCKWOOD PINES LAND

City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: TAMPA, FL 33635

Title: VP () Delete Title: VP (X) Change () Addition

Name: JAVITZ, STAN Name: SCOTT, LAURA

 Address:
 10221 LOCKWOOD PINES LN
 Address:
 1602 DUSRY ROSE LAND

 City-St-Zip:
 TAMPA, FL 33635
 City-St-Zip:
 BRANDON, FL 33510

Title: S () Delete Title: S (X) Change () Addition

 Name:
 GLEASON, LYNNE
 Name:
 KEEL, SHEILA

 Address:
 3039 BOLT DR.
 Address:
 802 BLUE HERON BLVD

 City-St-Zip:
 PALM HARBOR, FL 34685
 City-St-Zip:
 RUSKIN, FL 33570

Title: T () Delete Title: () Change () Addition

 Name:
 SWEENY, MARY
 Name:

 Address:
 8252 26TH AVE. N.
 Address:

 City-St-Zip:
 SAINT PETERSBURG, FL 33710
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STAN JAVITZ PRES 04/30/2004