

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90033 011 ****70.00

DOCUMENT # N00000007562					
1. Entity Name SUNCOAST BAY AREA PAYROLL ASSOCIATION, INC.					
Principal Place of Business 1602 OUSTY ROSE LANE BRANDON, FL 33510 US			Mailing Address P.O. BOX 4297 BRANDON, FL 33509		
2. Principal Place of Business 7210 N. MANHATTAN AVE Suite, Apt. #, etc. 1213		3. Mailing Address Suite, Apt. #, etc.			
City & State Tampa, FL		City & State		4. FEI Number 59-3697199	
Zip 33614		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, LAURA 1602 DUSTY ROSE LANE BRANDON, FL 33510			7. Name and Address of New Registered Agent Name: YVONNE ROBINSON Street Address (P.O. Box Number is Not Acceptable): 7210 N. MANHATTAN AVE #1213 City: TAMPA FL Zip Code: 33614		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 2/4/06 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME SCOTT, LAURA STREET ADDRESS 1600 DUSTY ROSE LANE CITY-ST-ZIP BRANDON, FL 33510	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT NAME YVONNE ROBINSON STREET ADDRESS 7210 N. MANHATTAN AVE #1213 CITY-ST-ZIP TAMPA, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME FRONTZ, KATHELEEN STREET ADDRESS 1041 SWEET JASMINE DR CITY-ST-ZIP TRINITY, FL 34655	<input checked="" type="checkbox"/> Delete		TITLE VICE PRESIDENT NAME DONNA COONRAD STREET ADDRESS 12018 TUSCANY BAY DR #202 CITY-ST-ZIP TAMPA, FL 33626	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME KEEL, SHEILA STREET ADDRESS 802 BLUE HERON BLVD CITY-ST-ZIP RUSKIN, FL 33570	<input checked="" type="checkbox"/> Delete		TITLE SECRETARY NAME LOU ANN LIERS STREET ADDRESS 4771 NEPTUNE DR SE CITY-ST-ZIP ST. PETE, FL 33705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME PELLITTERI, DEBORAH STREET ADDRESS 4515 PORTOBELLO CIRCLE CITY-ST-ZIP VALRICO, FL 33594	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			2/4/06 813-829-8300		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		