


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90046 006 ****70.00

DOCUMENT # N00000007562 1. Entity Name SUNCOAST BAY AREA PAYROLL ASSOCIATION, INC.					
Principal Place of Business 7210 N MANHATTAN AVE TAMPA, FL 33614 US			Mailing Address P.O. BOX 23541 TAMPA, FL 33623-3541		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		02082007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3697199	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7. Name and Address of New Registered Agent	
City & State		City & State		Name	
Zip		Country		Street Address (P.O. Box Number is Not Acceptable)	
City & State		City & State		City	
Zip		Country		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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			
TITLE P NAME ROBINSON, YVONNE STREET ADDRESS 7210 N MANHATTAN AVE # 1213 CITY-ST-ZIP TAMPA, FL 33614		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE VP NAME COONRAD, DONNA STREET ADDRESS 12018 TUSCANY BAY DR 3 202 CITY-ST-ZIP TAMPA, FL 33626		TITLE P NAME 10200 N. Armenia Ave #207 STREET ADDRESS Tampa, FL 33612			
TITLE S NAME LIERS, LOU ANN STREET ADDRESS 4771 NEPTUNE DR SE CITY-ST-ZIP SAINT PETERSBURG, FL 33705		TITLE VP NAME Scott, Laura STREET ADDRESS 1602 Rusty Rose Lane CITY-ST-ZIP Brandon, FL 33510			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: <i>Yvonne Robinson</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/15/07 Daytime Phone # 813-516-3921	