

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007562

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: SUNCOAST BAY AREA PAYROLL ASSOCIATION, INC.

## Current Principal Place of Business:

7210 N MANHATTAN AVE  
TAMPA, FL 33614 US

## New Principal Place of Business:

10200 N ARMENIA AVE  
207  
TAMPA, FL 33612 US

## Current Mailing Address:

P.O. BOX 23541  
TAMPA, FL 336233541

## New Mailing Address:

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

## Name and Address of Current Registered Agent:

ROBINSON, YVONNE  
10200 N ARMENIA AVE  
STE 207  
TAMPA, FL 33612 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: P ( ) Delete  
Name: ROBINSON, YVONNE  
Address: 10200 N. ARMENIA AVE., 207  
City-St-Zip: TAMPA, FL 33612

Title: VP ( ) Delete  
Name: SCOTT, LAURA  
Address: 1602 DUSTY ROES LANE  
City-St-Zip: BRANDON, FL 33510

Title: S ( ) Delete  
Name: LIERS, LOU ANN  
Address: 4771 NEPTUNE DR SE  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: T ( ) Delete  
Name: CARRIER, LISA  
Address: P.O. BOX 393  
City-St-Zip: CRYSTAL SPRINGS, FL 33524

Title: VP (X) Delete  
Name: COONRAD, DONNA  
Address: 6745 D 31ST WAY S, APT D  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: S (X) Delete  
Name: KRUSCH, ERICA  
Address: 600 STARKEY RD, APT 1210  
City-St-Zip: LARGO, FL 33770

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: COONRAD, DONNA  
Address: 6745 D 31ST WAY S, APT D  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: S (X) Change ( ) Addition  
Name: RODRIGUEZ, MARY ANN  
Address: P. O. BOX 152044  
City-St-Zip: TAMPA, FL 33705

Title: T (X) Change ( ) Addition  
Name: COLLINS, LENA  
Address: P.O. BOX 152044  
City-St-Zip: TAMPA, FL 33684

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: YVONNE G ROBINSON

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date