


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90030 024 ****61.25

DOCUMENT # N01000003330

1. Entity Name
SUNCOAST FISHING CHARITIES, INC.



Principal Place of Business Mailing Address

**7822 FRANCINE CT.
 NEW PORT RICHEY, FL 34653-1100** **7822 FRANCINE CT.
 NEW PORT RICHEY, FL 34653-1100**

34040411



02172004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3724800 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PATEL, SANDIP I
 3105 WEST WATERS AVE., STE 315
 TAMPA, FL 33614**

DO NOT WRITE IN THIS SPACE

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, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STEWART, MICHAEL D
STREET ADDRESS	7822 FRANCINE COURT
CITY - ST - ZIP	NEW PORT RICHEY, FL 346531100
TITLE	D
NAME	STEWART, L.D.
STREET ADDRESS	7822 FRANCINE COURT
CITY - ST - ZIP	NEW PORT RICHEY, FL 346531100
TITLE	D
NAME	STEWART, CHRIS
STREET ADDRESS	7822 FRANCINE COURT
CITY - ST - ZIP	NEW PORT RICHEY, FL 346531100
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Michael Stewart** **4/1/04** **727-848-4047**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #