

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003330

FILED
Apr 26, 2005
Secretary of State

Entity Name: SUNCOAST FISHING CHARITIES, INC.

Current Principal Place of Business:

7822 FRANCINE CT.
NEW PORT RICHEY, FL 346531100

New Principal Place of Business:

1838 GUNN HWY
ODESSA, FL 33556

Current Mailing Address:

7822 FRANCINE CT.
NEW PORT RICHEY, FL 346531100

New Mailing Address:

1838 GUNN HWY
ODESSA, FL 33556

FEI Number: 59-3724800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, SANDIP I
3105 WEST WATERS AVE., STE 315
TAMPA, FL 33614 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: D () Delete
Name: STEWART, MICHAEL D
Address: 7822 FRANCINE COURT
City-St-Zip: NEW PORT RICHEY, FL 346531100

Title: D () Delete
Name: STEWART, L.D.
Address: 7822 FRANCINE COURT
City-St-Zip: NEW PORT RICHEY, FL 346531100

Title: D () Delete
Name: STEWART, CHRIS
Address: 7822 FRANCINE COURT
City-St-Zip: NEW PORT RICHEY, FL 346531100

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STEWART, MICHAEL D
Address: 1838 GUNN HWY
City-St-Zip: ODESSA, FL 33556

Title: D (X) Change () Addition
Name: STEWART, L.D.
Address: 1838 GUNNHWY
City-St-Zip: ODESSA, FL 33556

Title: D (X) Change () Addition
Name: STEWART, CHRIS
Address: 1838 GUNN HWY
City-St-Zip: ODESSA, FL 33556

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: MICHAEL STEWART

D

04/26/2005

Electronic Signature of Signing Officer or Director

Date