


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90095 004 ****61.25

DOCUMENT # N01000006505 1. Entity Name GREATER SUN CITY, CENTER FL CHAPTER, SPEBSQSA, INC.			
Principal Place of Business SUN CITY CENTER 2453 DEL WEBB BLVD EAST SUN CITY BEACH, FL 33573		Mailing Address SUN CITY CENTER 2453 DEL WEBB BLVD EAST SUN CITY BEACH, FL 33573	
2. Principal Place of Business <u>2427 EMERALD LAKE DR</u> Suite, Apt. #, etc. <u>Apt. 101</u> City & State <u>SUN CITY CENTER, FL</u> Zip <u>33573-3819</u>		3. Mailing Address <u>2427 EMERALD LAKE DR.</u> Suite, Apt. #, etc. <u>APT. 101</u> City & State <u>SUN CITY CENTER, FL</u> Zip <u>33573-3819</u>	
4. FEI Number <u>91-2122273</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WISNER, WILFORD SUN CITY CENTER 2453 DEL WEBB BLVD. EAST SUN CITY BEACH, FL 33573		7. Name and Address of New Registered Agent Name <u>WISNER, WILFORD</u> Street Address (P.O. Box Number is Not Acceptable) <u>2427 EMERALD LAKE DRIVE</u> <u>APT. 101</u> City <u>SUN CITY CENTER, FL</u> Zip Code <u>33573</u>	
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 <u>Wilford L. Wisner</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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	D	<input checked="" type="checkbox"/> Delete	
NAME	FROBOSE, JOHN		
STREET ADDRESS	2603 NEWCOMB CT		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		
TITLE	D	<input type="checkbox"/> Delete	
NAME	BROWN, ANDREW		
STREET ADDRESS	1714 COUNCIL DRIVE		
CITY-ST-ZIP	SUN CITY BEACH, FL 33573		
TITLE	TD	<input checked="" type="checkbox"/> Delete	
NAME	WAGNER, JON		
STREET ADDRESS	12913 ASTERWOOD PLACE		
CITY-ST-ZIP	RIVERVIEW, FL 335697029		
TITLE	D	<input type="checkbox"/> Delete	
NAME	WISNER, WILFORD		
STREET ADDRESS	2453 DEL WEBB BLVD. EAST		
CITY-ST-ZIP	SUN CITY BEACH, FL 33573		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	DOMROES, DAVID		
STREET ADDRESS	2111 STERLING CT		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		
TITLE	VP	<input checked="" type="checkbox"/> Delete	
NAME	BENSMAN, WAYNE		
STREET ADDRESS	409 BLACK HAWK CIRCLE		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAVID DOMROES, DAVID		
STREET ADDRESS	2111 STERLING GLEN COURT		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROBERT HEWITT, ROBERT		
STREET ADDRESS	121 TORREY PINES AVE.		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LANG ROBERT		
STREET ADDRESS	941 VILLEROY GREENS DRIVE		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSEN ERIC		
STREET ADDRESS	18102 PRAIRIE WOLF GLEN		
CITY-ST-ZIP	PARRISH, FL 34219		
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: <u>Wilford L. Wisner</u> <u>WILFORD L. WISNER</u> <u>MARCH 10, 2005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



ATTACHMENT

20020847

#N01000006505

SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT
OF BARBER SHOP QUARTET SINGING IN AMERICA
INCORPORATED

GREATER SUN CITY CENTER CHAPTER
Wilford L. Wisner, Secretary

2427 Emerald Lake Drive, Apt. 101
Sun City Center, FL 33573-3819

Telephone: (813) 642-8053

March 6, 2005

Charles H. Bronson, Commissioner
Florida Department of Agriculture and
Consumer Services
P. O. Box 6700
Tallahassee, FL 32314 - 6700

Dear Sir:

Re: Change of Address for Official Notifications, Etc.

Please accept this notification of my address change as Secretary and the
corresponding official address change for the Greater Sun City Center Chapter,
S.P.E.B.S.Q.S.A. Inc.

The new address is as follows:

2427 Emerald Lake Drive, Apt. 101
Sun City Center, FL 33573-3819.

If there is any problem, please notify us.

Many thanks.

A photocopy of this letter will also be enclosed with our Renewal Registration
Statement, re Solicitation of Contribution Act.

Sincerely,

Wilford L. Wisner
Secretary