

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000493

FILED
Apr 20, 2004
Secretary of State

Entity Name: SUNCOAST SEARCH AND RESCUE, INC.

Current Principal Place of Business:

910 PROSPECT AVENUE
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

P O BOX 1693
LEHIGH ACRES, FL 33970

New Mailing Address:

FEI Number: 30-0020196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, ROBERT J
910 PROSPECT AVENUE
LEHIGH ACRES, FL 33936

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: EVANS, ROBERT J
Address: 910 PROSPECT AVENUE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D (X) Delete
Name: PILSBURY, DALE
Address: 202 NORTH LAKE DRIVE
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: EVANS, MARIA
Address: 910 PROSPECT AVENUE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: JOHNSON, LARRY
Address: 18683 BASELEA AVENUE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: EDWARDS, FRED
Address: 2131 RIVER REACH DRIVE # 554
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: JOHNSON, LARRY
Address: 18683 BASELEG AVENUE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D (X) Change () Addition
Name: EDWARDS, FRED
Address: 3820 EXCHANGE AVENUE
City-St-Zip: NAPLES, FL 34104

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: MARIA EVANS

D

04/20/2004

Electronic Signature of Signing Officer or Director

Date