

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005635

FILED
Apr 24, 2009
Secretary of State

Entity Name: NORTHEAST COACHMAN PROFESSIONAL ASSOCIATION, INC.

Current Principal Place of Business:

2500 NE COACHMAN ROAD
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

2500 NE COACHMAN ROAD
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 86-1075388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCIERI, FRANCESCO
2500 NE COACHMAN ROAD
CLEARWATER, FL 33765 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: PT () Delete
Name: ARCIERI, FRANCESCO
Address: 2500 NE COACHMAN ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: V () Delete
Name: RIGGINS, ROBERT R
Address: 2528 NE COACHMAN ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: S () Delete
Name: ATKINSON, WILLIAM W
Address: 2528 NE COACHMAN ROAD
City-St-Zip: CLEARWATER, FL 33765

Title: S () Delete
Name: OGILVIE, MICHAEL
Address: 2520 NE COACHMAN ROAD
City-St-Zip: C;EARWATER, FL 33765

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: () 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: FRANCESCO ARCIERI

PT

04/24/2009

Electronic Signature of Signing Officer or Director

Date