

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007316

FILED
Apr 13, 2005
Secretary of State

Entity Name: FLORIDA GULF COAST CHAPTER OF SPEBSQSA, INC.

Current Principal Place of Business:

9836 LAUREL LEDGE DRIVE
RIVERVIEW, FL 33569 US

New Principal Place of Business:

Current Mailing Address:

9836 LAUREL LEDGE DRIVE
RIVERVIEW, FL 33569 US

New Mailing Address:

FEI Number: 20-0175755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, CHARLES C
9836 LAUREL LEDGE DRIVE
RIVERVIEW, FL 33569 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: PD () Delete
Name: NELSON, CHARLES C
Address: 9836 LAUREL LEDGE DRIVE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: SD () Delete
Name: KURESZA, JOHN
Address: 4303 W. BEACH PARK DRIVE
City-St-Zip: TAMPA, FL 33609 US

Title: TD () Delete
Name: ADELMAN, MARTIN
Address: 16307 AVILA BLVD.
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PINALS, MARK
Address: 4706 TANNERY AVE
City-St-Zip: TAMPA, FL 33624 US

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

Title: TD (X) Change () Addition
Name: CROSS, DAVID
Address: 15017 MEADOWLAKE STREET
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: DAVID CROSS

TD

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date