

# 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