

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007316

FILED
Apr 22, 2008
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: STENZLER, STEVEN
Address: 2321 W DE LEON STREET
City-St-Zip: TAMPA, FL 33609 US

Title: TD () Delete
Name: MAZUCHOWSKI, JOHN
Address: 1120 SUMMER BREEZE DR
City-St-Zip: BRANDON, FL 33511 US

Title: VP () Delete
Name: CROSS, DAVID
Address: 15017 MEADOWLAKE STREET
City-St-Zip: ODESSA, FL 33556

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: MAZUCHOWSKI, JOHN
Address: 1425 MISTY VALLEY DR
City-St-Zip: BRANDON, FL 33510 US

Title: SC (X) Change () Addition
Name: DOWNS, KEVIN
Address: PO BOX 253
City-St-Zip: OLDSMAR, FL 34677 US

Title: VP () Change (X) Addition
Name: JUSTZIN, JIM
Address: 555 5TH AVE NE #254
City-St-Zip: ST PETERSBURG, FL 33701 US

Title: DIR () Change (X) Addition
Name: STILES, PAUL
Address: 18405 TOMLISON DR
City-St-Zip: LUTZ, FL 33549 US

Title: DIR () Change (X) Addition
Name: OWENS, CHRIS
Address: 2201 20TH ST W
City-St-Zip: BRADENTON, FL 34208 US

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: JOHN MAZUCHOWSKI

TD

04/22/2008

Electronic Signature of Signing Officer or Director

Date