

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000130

FILED
Jan 07, 2005
Secretary of State

Entity Name: SUNCOAST HEALING ROOMS, INC.

Current Principal Place of Business:

440 OLD ALBEE FARM RD
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

440 OLD ALBEE FARM RD
NOKOMIS, FL 34275

New Mailing Address:

FEI Number: 56-2423708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINMAN, CLAGGETT F
440 OLD ALBEE FARM RD
NOKOMIS, FL 34275 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: D () Delete
Name: WEINMAN, CLAGGETT F
Address: 440 OLD ALBEE FARM RD
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: WEINMAN, DIANE E
Address: 440 OLD ALBEE FARM RD
City-St-Zip: NOKOMIS, FL 34275

Title: D () Delete
Name: JONES, TOM E
Address: 600 PALOMINO TRAIL
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: VAN'THUL, MICHAEL
Address: 6144 CERES ST
City-St-Zip: ENGLEWOOD, FL 34224

Title: D () Delete
Name: FIORE, ANTHONY
Address: 334 PINEGLEN CT
City-St-Zip: ENGLEWOOD, FL 34223

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:

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

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: CLAGGETT F. WEINMAN

PRES

01/07/2005

Electronic Signature of Signing Officer or Director

Date