## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000007638

FILED Mar 07, 2009 Secretary of State

Entity Name: SUNCOAST FLATLANDERS 4-WHEEL DRIVE CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

1306 WEST KENNEDY BLVD 1717 E FOWLER AVE TAMPA, FL 33606 TAMPA, FL 33612

Current Mailing Address: New Mailing Address:

P.O. BOX 341244 1717 E FOWLER AVE TAMPA, FL 33694 TAMPA, FL 33612

FEI Number: 20-1594571 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PICIULO, MATHEW

1306 WEST KENNEDY BLVD

TAMPA, FL 33606 US

COUCH, JR., THEODORE J

1717 E FOWLER AVE

TAMPA, FL 33612 US

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: THEODORE J. COUCH, JR. 03/07/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Name:

Address: City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete Title: PRES (X) Change () Addition PICIULO, MATHEW Name: COUCH, JR., THEODORE K PO BOX 341244 Address: 1717 E FOWLER AVE TAMPA, FL 33694 City-St-Zip: TAMPA, FL 33612

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: ALEXANDER, MICHELLE Name: KALLAHER, JIM

 Name:
 ALEXANDER, WIGHELE
 Name:
 NALEARIER, SIW

 Address:
 PO BOX 341244
 Address:
 1717 E FOWLER AVE

 City-St-Zip:
 TAMPA, FL 33694
 City-St-Zip:
 TAMPA, FL 33612

Title: TRES () Delete Title: TRES (X) Change () Addition Name: SMITH, SHERRY Name: HOOVER, JERRY

Address: PO BOX 341882 Address: 1717 E FOWLER AVE City-St-Zip: TAMPA, FL 33694 City-St-Zip: TAMPA, FL 33612

Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition

 Name:
 PHILIPS, SHARON
 Name:
 VALDES, ERIC

 Address:
 PO BOX 341244
 Address:
 1717 E FOWLER AVE

 City-St-Zip:
 TAMPA, FL 33694
 City-St-Zip:
 TAMPA, FL 33612

Title: ( ) Delete Title: DIR ( ) Change (X) Addition

 Name:
 Name:
 SOMERS, LAUREN E

 Address:
 Address:
 1717 E FOWLER AVE

 City-St-Zip:
 City-St-Zip:
 TAMPA, FL 33612

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: THEODORE J. COUCH, JR. PRES 03/07/2009