

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008436

FILED
Mar 06, 2009
Secretary of State

Entity Name: STGC DISASTER RELIEF, INC.

Current Principal Place of Business:

3401 W CYPRESS ST
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3401 W CYPRESS ST
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-1562657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKMAN, HAROLD E
3401 W CYPRESS ST 101
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

HANELY, BONNIE
3401 W CYPRESS ST 101
TAMPA, FL 33607 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: BONNIE HANELY

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HICKMAN, HAROLD
Address: 3401 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: HICKMAN, JIMMY
Address: 3401 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: BLASS, KURT
Address: 3401 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: STROHM, GREG
Address: 3401 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

Title: D (X) Delete
Name: CATE, ELIZABETH
Address: 3401 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HANELY, BONNIE
Address: 3401 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

Title: D (X) Change () Addition
Name: CATE, ELIZABETH
Address: 3401 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

Title: D (X) Change () Addition
Name: GLAZE, BRIAN
Address: 1980 POST OAK BLVD
City-St-Zip: HOUSTON, TX 77056

Title: D (X) Change () Addition
Name: YSAQUIRRE, LOU ANN
Address: 1980 POST OAK BLVD
City-St-Zip: HOUSTON, TX 77056

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

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: ELIZABETH CATE

D

03/06/2009

Electronic Signature of Signing Officer or Director

Date