

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90181 001 ****61.25

DOCUMENT # N04000010284

1. Entity Name
THE SUNCOAST CHAPTER OF THE SOCIETY,, INC.



Principal Place of Business
**8652 WOODBRIAR DRIVE
SARASOTA, FL 34238**

Mailing Address
**8652 WOODBRIAR DR
SARASOTA, FL 34238**

40002050



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
86-1105241

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASK, BARBARA R
8652 WOODBRIAR DR
SARASOTA, FL 34238**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COLEMAN, AUDREY	
STREET ADDRESS	7133 DORNOUGH LANE	
CITY - ST - ZIP	BRADENTON, FL 34202	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	RAY, JACQUELINE	
STREET ADDRESS	5679 EASTWIND DR	
CITY - ST - ZIP	SARASOTA, FL 34233	
TITLE	TR	<input type="checkbox"/> Delete
NAME	MASK, BARBARA R	
STREET ADDRESS	8652 WOODBRIAR DRIVE	
CITY - ST - ZIP	SARASOTA, FL 34238	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	MIMS, CLARA A	
STREET ADDRESS	113 SHADY PARKWAY	
CITY - ST - ZIP	SARASOTA, FL 34232	
TITLE	F SE	<input type="checkbox"/> Delete
NAME	BUCHANAN, CAROL	
STREET ADDRESS	5346 EVERWOOD RUN	
CITY - ST - ZIP	SARASOTA, FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. CHARLOTTE SCARBROUGH
STREET ADDRESS	6119 AVIARY CT.
CITY - ST - ZIP	BRADENTON, FL 34203
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #