

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010284

FILED
Feb 17, 2008
Secretary of State

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

Current Principal Place of Business:

8652 WOODBRIAR DRIVE
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

8652 WOODBRIAR DR
SARASOTA, FL 34238

New Mailing Address:

8652 WOODBRIAR DRIVE
SARASOTA, FL 34238

FEI Number: 86-1105241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASK, BARBARA R
8652 WOODBRIAR DR
SARASOTA, FL 34238 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: P () Delete
Name: COLEMAN, AUDREY
Address: 7133 DORNOUGH LANE
City-St-Zip: BRADENTON, FL 34202

Title: VP () Delete
Name: SCHRBOUGH, CHARLOTTE DR
Address: 6119 AVIARY CT
City-St-Zip: BRADENTON, FL 34203

Title: TR () Delete
Name: MASK, BARBARA R
Address: 8652 WOODBRIAR DRIVE
City-St-Zip: SARASOTA, FL 34238

Title: SEC () Delete
Name: MIMS, CLARA A
Address: 113 SHADY PARKWAY
City-St-Zip: SARASOTA, FL 34232

Title: F SE () Delete
Name: BUCHANAN, CAROL
Address: 5346 EVERWOOD RUN
City-St-Zip: SARASOTA, FL 34235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SCARBROUGH, CHARLOTTE DR
Address: 6119 AVIARY CT
City-St-Zip: BRADENTON, FL 34203

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 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: BARBARA MASK

TREA

02/17/2008

Electronic Signature of Signing Officer or Director

Date