

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N04604

1. Entity Name
**NORTH SUNCOAST ASSOCIATION OF INSURANCE AND
FINANCIAL ADVISORS INC.**



Principal Place of Business
**2509 CHEVAL DR
HOLIDAY, FL 34690-867 US**

Mailing Address
**P.O. BOX 894
NEW PORT RICHEY, FL 34656-0894 US**



01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2468436

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MAY, MICHAEL V
2509 CHEVAL DR
HOLIDAY, FL 34690**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PETERS, JAMES M
STREET ADDRESS	11836 LITTLE RD.
CITY-STATE-ZIP	NEW PORT RICHEY, FL 34654
TITLE	D
NAME	WOOD, PHILLIP
STREET ADDRESS	P.O. BOX 1749
CITY-STATE-ZIP	NEW PORT RICHEY, FL 34656
TITLE	TD
NAME	KEEGAN, JAMES W
STREET ADDRESS	4632 GLISSADE DR.
CITY-STATE-ZIP	NEW PORT RICHEY, FL 34652
TITLE	D
NAME	RUBY, LAWRENCE H
STREET ADDRESS	7703 RADCLIFFE CIR.
CITY-STATE-ZIP	PORT RICHEY, FL 34668
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000006611
01/16/04-80042-004 \$1.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: James M. Peters **JAMES M. PETERS** 1/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #