



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90033 028 ****61.25

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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40004464 	
City & State		City & State		01112005 Chg-NP CR2E037 (10/03)	
Zip Country		Zip Country		4. FEI Number 59-2468436	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MAY, MICHAEL V 2509 CHEVAL DR HOLIDAY, FL 34690			7. Name and Address of New Registered Agent 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 <i>Michael V May</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		MICHAEL V. MAY		1/19/05 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERS, JAMES M 11836 LITTLE RD. NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, PHILLIP P.O. BOX 1749 NEW PORT RICHEY, FL 34656	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KEEGAN, JAMES W 4632 GLISSADE DR. NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBY, LAWRENCE H 7703 RADCLIFFE CIR. PORT RICHEY, FL 34668	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GWYNN BLAIR 617 LAMAR AVE BROOKSVILLE FL. 34601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHRISTINE NOEL 4312 WOODLARK DR TAMPA, FL. 33624 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>Lawrence H Ruby</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/20/05 <small>Date</small>		727 934 0853 <small>Daytime Phone #</small>	
MICHAEL V. MAY LAWRENCE H. RUBY, Treasurer					