2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04604

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



FILLD
Jan 16, 2007 8:00 am
Secretary of State
Secretary of State
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01-16-2007 90195 026

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		1 4001102 011 60111	 Hara arin asin aiki alan aran 1	ITAN BURH TIDIN BIDI	HI 8 1601	
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082007 Ch	ig-NP CR2E	037 (12/06)		
City & State		City & State		4. FEI Number 59-246843	4. FEt Number Applied For 59-2468436 Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Add Fee Required		
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MAY, MICHAEL V 2509 CHEVAL DR HOLIDAY, FL 34690				Name Street Address (P.O. Box Number is Not Acceptable)				
	5			City FL Zip Code				
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered affice or	registered agent, or both, in	the State of Florida. I an	n familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E; Registered Agent signatur	a required when reinstating)	DATE			
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Car Trust Fund (npaign Financing Contribution.	\$5.00 May Be Added to Fees		ck payable to		
10.	, OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND D	DIRECTORS IN	10	
TITLE		☐ Delete	TITLE			Change		
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NAME	PETERS, JAMES M		NAME	11315 477	LE POAD	Crialita	ADDITION	
NAME Street Address	PETERS, JAMES M 11880 LHTTLE-RD-		NAME STREET ADDRESS	11315 477	LE POAD	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	PETERS, JAMES M 14890 LITTLE RD- NEW PORT RICHEY, FL 34654		NAME STREET ADDRESS CITY-ST-ZIP	11315 677	LE POAD			
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Thereby 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 eath; 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 the relief the empowered.

SIGNATURE:

121811-9391