


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90058 008 ****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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2468436				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 11315 LITTLE ROAD NEW PORT RICHEY, FL 34654		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLLADAY, TIMOTHY 5047 GULF DR NEW PORT RICHEY, FL 34652		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KEEGAN, JAMES W 4632 GLISSADE DR. NEW PORT RICHEY, FL 34652		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBY, LAWRENCE H 7703 RADCLIFFE CIR. PORT RICHEY, FL 34668		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, GWYNN 617 LAMAR AVE BROOKSVILLE, FL 34601		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOEL, CHRISTINE 4312 WOODLARK DR TAMPA, FL 33624		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUZANNE NADING 11315 LITTLE ROAD NEW PORT RICHEY, FL 34654		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOEL, CHRISTINE 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 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: _____ JAMES W. KEEGAN 4/8/08 727-815-9311 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					