2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005766

Address:

City-St-Zip:

Entity Name: SUNCOAST STONEWALL DEMOCRATS INC

FILED Apr 28, 2007 Secretary of State

		ONOT OTOTIVE DEMOCITY				
Current P	rincipal Pla	ice of Business:	New Prince	New Principal Place of Business:		
PO BOX 1 VENICE, F		US	965 AUBL VENICE, F	JRN ROAD FL 34293	US	
Current N	lailing Add	ress:	New Mail	New Mailing Address:		
PO BOX 1 VENICE, F		US				
FEI Number	: 20-2936944	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired (X)	
Name and	d Address o	f Current Registered Agent:	Name and	d Address of	New Registered Agent:	
WORTHINGTON, BRYAN K 965 AUBURN ROAD VENICE, FL 34293 US			965 AUBL	WORTHINGTON, BRYAN K P 965 AUBURN ROAD VENICE, FL 34293 US		
	e named enti e of Florida.	ty submits this statement for the	purpose of changing	its registered	office or registered agent, or both,	
SIGNATUI	RE: BRYAI	NK WORTHINGTON			04/28/2007	
	Elect	ronic Signature of Registered Ag	ent		Date	
OFFICER	S AND DIRI	ECTORS:	ADDITIO	NS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	MR WORTHING 965 AUBURI VENICE, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:		() Delete	Title: Name: Address: City-St-Zip:	MR (STONE, MICH 7452 ELEANG SARASOTA, F	OR CIRCLE	
Title: Name: Address: City-St-Zip:		() Delete	Title: Name: Address: City-St-Zip:	DOWNING, S	IEPONSIT DRIVE	
Title: Name: Address: City-St-Zip:		() Delete	Title: Name: Address: City-St-Zip:	MR (MATHERNE, I 965 AUBURN VENICE, FL	ROAD	
Title: Name:		() Delete	Title: Name	MS () Change (X) Addition	

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.

Address:

City-St-Zip:

2271 LERYL AVENUE

NORTH PORT, FL 34286 US

SIGNATURE: BRYAN K. WORTHINGTON MR 04/28/2007