


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90008 003 ****61.25

DOCUMENT # N05000008196

1. Entity Name
 FLORIDA SUNCOAST CHAPTER OF THE AMERICAN BACKFLOW PREVENTION ASSOCIATION, INCORPORATED



Principal Place of Business
 6730 142ND AVENUE N
 LARGO, FL 33771

Mailing Address
 6730 142ND AVENUE N
 LARGO, FL 33771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



03022006 Chg-NP CR2E037 (11/05)

4. FEI Number
 20-1662886

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GOERGEN, KENNETH P
 6730 142ND AVENUE N
 LARGO, FL 33771

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 _____ DATE _____

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

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GOERGEN, KENNETH P	
STREET ADDRESS	6730 142ND AVENUE N	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	EWING, DONALD E	
STREET ADDRESS	6730 142ND AVENUE N	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	S	<input type="checkbox"/> Delete
NAME	TADDIGS, LISA M	
STREET ADDRESS	6730 142ND AVENUE N	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE	T	<input type="checkbox"/> Delete
NAME	CANTERBURY, MARK	
STREET ADDRESS	6730 142ND AVENUE N	
CITY-ST-ZIP	LARGO, FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Movera, Jose A	
STREET ADDRESS	6730 142nd Ave N	
CITY-ST-ZIP	Largo, FL 33771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Mark Canterbury Mark Canterbury 3-2-06 (727)464-5862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #