



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90065 008 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zio		Country		04042008 Chg-NP CR2E037 (12/06) 4. FEI Number 20-1662886 Applied For <input type="checkbox"/> Not Applicable	
Zio		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOERGEN, KENNETH P 6730 142ND AVENUE N LARGO, FL 33771				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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when registering.)</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	P <input type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOERGEN, KENNETH P	NAME	Bradley J. Anderson		
STREET ADDRESS	6730 142ND AVENUE N	STREET ADDRESS	6730 142nd Ave N		
CITY-ST-ZIP	LARGO, FL 33771	CITY-ST-ZIP	Largo, FL 33771		
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORERA, JOSE A	NAME	Kathleen Daniels		
STREET ADDRESS	6730 142ND AVENUE N	STREET ADDRESS	6730 142nd Ave N		
CITY-ST-ZIP	LARGO, FL 33771	CITY-ST-ZIP	Largo FL 33771		
TITLE	S <input type="checkbox"/> Delete	TITLE			
NAME	TADDIGS, LISA M	NAME			
STREET ADDRESS	6730 142ND AVENUE N	STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33771	CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE			
NAME	CANTERBURY, MARK	NAME			
STREET ADDRESS	6730 142ND AVENUE N	STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33771	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 empowerments.					
SIGNATURE: <i>Kathleen Daniels</i>			4/3/08 (727)464-5864		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		