

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008557

FILED
Aug 02, 2006
Secretary of State

Entity Name: SUN SAFETY FOUNDATION, INC.

Current Principal Place of Business:

10236 WATERSIDE OAKS DR
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

PO BOX 47371
TAMPA, FL 33647

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BEYRENT, GABRIEL
10236 WATERSIDE OAKS DR
TAMPA, FL 33647 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEYRENT, GABRIEL
Address: 10236 WATERSIDE OAKS DR
City-St-Zip: TAMPA, FL 33647

Title: V () Delete
Name: BEYRENT, NORA S
Address: 105 MINNEHAHA CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: V () Delete
Name: MCMULLEN-BEYRENT, SARAH A
Address: 10236 WATERSIDE OAKS DR
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: BRZESKI, TERYL H
Address: 5147 SEAHORSE AVE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: GABRIEL

P

08/02/2006

Electronic Signature of Signing Officer or Director

Date