2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N05000012446

1. Entity Name

SUNCOAST USBC WBA, INC.

Principal Place of Business	Mailing Address
6935 RIDGE ROAD PORT RICHEY FL 34668	PO BOX 118 NEW PORT RICHEY FL 34656

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-4052492 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JAROSZ, DIANE E
4712 TIBURON DRIVE
NEW PORT RICHEY FL 34655

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)

FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Add
NAME	JAROSZ, DIANE E		NAME		
STREET ADDRESS	4712 TIBURON		STREET ADDRESS	U00000525063	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		CITY-ST-ZIP	05/04/06-80018-005 61.25	
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MURRO, GLORIA		NAME		
STREET ADDRESS	7100 PAUL REVERE TRACE		STREET ADDRESS		
CITY-ST-ZIP	NEWPORT RICHEY FL 34653		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	BRADY, DEBRA		NAME		
STREET ADDRESS	16246 HERON HILLS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL 34610		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
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 Section 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: [signature] Diane E. Jarosz 4/19/06 727-849-7328