2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N05000012733

Entity Name: SUN COAST CHAPTER OF PDCA, INC.

Current Principal Place of Business:

5245 BOWLINE BEND
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5245 BOWLINE BEND
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 20-3974209 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SISCO, KENNETH K
5245 BOWLINE BEND
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: WALLACE, AARON
Address: 5245 BOWLINE BEND
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP ( ) Delete
Name: LEE, STEVEN
Address: 5245 BOWLINE BEND
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SEC ( ) Delete
Name: RICHARDS, ADAM
Address: 5245 BOWLINE BEND
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SGT (X) Delete
Name: LESLIE, JOHN
Address: 5245 BOWLINE BEND
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TRES (X) Delete
Name: SISCO, KENNETH K
Address: 5245 BOWLINE BEND
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: SISCO, DERRICK
Address: 5245 BOWLINE BEND
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: ST (X) Change ( ) Addition
Name: LESLIE II, ROBERT
Address: 5245 BOWLINE BEND
City-St-Zip: NEW PORT RICHEY, FL 34652

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 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: AARON WALLACE PRES 02/10/2009

Electronic Signature of Signing Officer or Director — Date