

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90017 017 \*\*\*\*70.00

**DOCUMENT # N06000000522**

1. Entity Name

SUNCOAST WRITERS GUILD OF ENGLEWOOD INC



Principal Place of Business

350 S MC CALL RD  
ENGLEWOOD FL 34223

Mailing Address

350 S MC CALL RD  
ENGLEWOOD FL 34223

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-4770080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

READING, PHYLLIS  
9 BUNKER LANE  
ROTONDA WEST FL 33947

Name **EVANS, LAURETTA**

Street Address (P.O. Box Number is Not Acceptable)

**235 MARINER LANE**

City **ROTONDA WEST,**

**FL**

Zip Code

**33947**

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

*Lauretta Evans*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-11-08**

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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** ☒ Delete  
NAME **READING, PHYLLIS**  
STREET ADDRESS **9 BUNKER LANE**  
CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE **D** ☒ Delete  
NAME **TAYLOR, JOHN L**  
STREET ADDRESS **1932 ALLEN STREET**  
CITY-ST-ZIP **ENGLEWOOD FL 34223**

TITLE **D** ☒ Delete  
NAME **STRONCK, PAT**  
STREET ADDRESS **41 LOYOLA RD**  
CITY-ST-ZIP **VENICE FL 34293**

TITLE **D** ☒ Delete  
NAME **GILL, JANE**  
STREET ADDRESS **4221 POMPANO RD**  
CITY-ST-ZIP **VENICE FL 34293**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition  
NAME **EVANS, LAURETTA**  
STREET ADDRESS **235 MARINER LANE**  
CITY-ST-ZIP **ROTONDA WEST, FL 33947**

TITLE **D** ☐ Change ☒ Addition  
NAME **MC QUEEN, DEVA**  
STREET ADDRESS **220 KLUGE DR**  
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **D** ☐ Change ☒ Addition  
NAME **SHERIDAN-MARION**  
STREET ADDRESS **972 OSCEOLA BLVD**  
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **D** ☐ Change ☒ Addition  
NAME **SEXTON, LEROY**  
STREET ADDRESS **1475 FLAMINGO DR LOT 119**  
CITY-ST-ZIP **ENGLEWOOD, FL 34224**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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:

*Lauretta Evans*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-08**

DATE

DATE