

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90021 018 ****61.25

DOCUMENT # N06000009575			
1. Entity Name SUNCOAST SCHOOL OF THE ARTS SHOWGROUP, INC.			
Principal Place of Business 16449 US HWY 41 SPRING HILL, FL 34610		Mailing Address 15750 MAHONEY DRIVE SPRING HILL, FL 34610	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 16449 US Hwy 41 Suite, Apt. #, etc.	
City & State Spring Hill FL		4. FEI Number 38-3741124	
Zip 34610		Country USA	
6. Name and Address of Current Registered Agent CARROLL, JENNIFER 15750 MAHONEY DRIVE SPRING HILL, FL 34610		7. Name and Address of New Registered Agent Name: Marcy Rodriguez Street Address (P.O. Box Number is Not Acceptable): 16449 US Hwy 41 City: Spring Hill FL Zip Code: 34610	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/4/08 <small>(NOTE: Registered Agent signature required when reinstating)</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 NAME RAYMOND, TRACY STREET ADDRESS 16449 US HWY 41 CITY-ST-ZIP SPRING HILL, FL 34610	<input type="checkbox"/> Delete	TITLE TR NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME LOSURDO, ANNA STREET ADDRESS 16449 US HWY 41 CITY-ST-ZIP SPRING HILL, FL 34610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TR NAME CARROLL, JENNIFER STREET ADDRESS 16449 US HWY 41 CITY-ST-ZIP SPRING HILL, FL 34610	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME INGLESE, DEBBIE STREET ADDRESS 16449 US HWY 41 CITY-ST-ZIP SPRING HILL, FL 34610	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE P NAME Marcy Rodriguez STREET ADDRESS 16449 US Hwy 41 CITY-ST-ZIP Spring Hill FL 34610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.			
SIGNATURE:		DATE 4/4/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small> 352-544-1001	