

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005432

FILED  
Jun 25, 2009  
Secretary of State

Entity Name: GREATER SARASOTA COACHES ALLIANCE, INC.

**Current Principal Place of Business:**

351 MAGELLAN DR  
SARASOTA, FL 34243 US

**New Principal Place of Business:**

**Current Mailing Address:**

351 MAGELLAN DR  
SARASOTA, FL 34243 US

**New Mailing Address:**

FEI Number: 20-4712730      FEI Number Applied For ( )      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:**

MAZZAFERRO, DEBORAH M  
351 MAGELLAN DRIVE  
SARASOTA, FL 34243 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,D ( ) Delete  
Name: HOOPINGARNER, ROBERT  
Address: 351 MAGELLAN DRIVE  
City-St-Zip: SARASOTA, FL 34243 US

Title: VP, ( ) Delete  
Name: TISCH, DAN  
Address: 351 MAGELLAN DRIVE  
City-St-Zip: SARASOTA, FL 34243

Title: T, D ( ) Delete  
Name: MAZZAFERRO, DEB  
Address: 351 MAGELLAN DRIVE  
City-St-Zip: SARASOTA, FL 34243 US

Title: D ( ) Delete  
Name: EMRICH, ART  
Address: 351 MAGELLAN DRIVE  
City-St-Zip: SARASOTA, FL 34243 US

Title: VP,D ( ) Delete  
Name: ENGELHART, SUE  
Address: 351 MAGELLAN DRIVE  
City-St-Zip: SARASOTA, FL 34243 US

Title: VP,D ( ) Delete  
Name: SOMMA, BARBARA  
Address: PO BOX 19194  
City-St-Zip: SARASOTA, FL 34276 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP, (X) Change ( ) Addition  
Name: WALKER, JENNIFER  
Address: 351 MAGELLAN DRIVE  
City-St-Zip: SARASOTA, FL 34243

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

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

Title: VP,D (X) Change ( ) Addition  
Name: SWOPE, SAMUEL  
Address: 351 MAGELLAN DRIVE  
City-St-Zip: SARASOTA, FL 34243

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: DEBORAH M MAZZAFERRO

Electronic Signature of Signing Officer or Director

TREA

06/25/2009

\_\_\_\_\_ Date