# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2009**
**Secretary of State**

DOCUMENT# N08000000875

**Entity Name:** SUNCOAST CRIMSON TIDE ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

2897 BAYSHORE TRAILS DRIVE
TAMPA, FL 33611

**New Principal Place of Business:**

500 TRINITY LANE #10204
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

2897 BAYSHORE TRAILS DRIVE
TAMPA, FL 33611

**New Mailing Address:**

500 TRINITY LANE #10204
ST. PETERSBURG, FL 33716

**FEI Number: 26-2031847** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'CONNOR, PATRICK M
1250 S. BELCHER ROAD, SUITE 160
LARGO, FL 33711 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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

Title: MR. ( ) Change (X) Addition
Name: MCKENTSTRAY, KENT PRESIDE
Address: 500 TRINITY LANE #10204
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: MR. ( ) Change (X) Addition
Name: COMPTON, CARLETON VICE PR
Address: 2897 BAYSHORE TRAILS DRIVE
City-St-Zip: TAMPA, FL 33611 US

Title: MR. ( ) Change (X) Addition
Name: BUTLER, JOHNATHAN TREASUR
Address: 4605 S TRASK ST.
City-St-Zip: TAMPA, FL 33611 US

Title: MRS. ( ) Change (X) Addition
Name: STRAIN, VERLA MEMBERS
Address: 5707 N. MIAMI AVENUE
City-St-Zip: TAMPA, FL 33604 US

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: KENT MCKENSTRAY PRES 04/20/2009

Electronic Signature of Signing Officer or Director — Date