

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002084

FILED
Aug 28, 2009
Secretary of State

Entity Name: SUNCOAST AIDS THEATRE PROJECT, INC.

Current Principal Place of Business:

4300 18TH ST. W. #108-I
BRADENTON, FL 34205

New Principal Place of Business:

Current Mailing Address:

4300 18TH ST. W. #108-I
BRADENTON, FL 34205

New Mailing Address:

FEI Number: 32-0241055 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

RIWE, JULIE
247 25TH STREET NORTH
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

ROWE, JULIE
4300 18TH ST. W. #108-I
BRADENTON, FL 34205 US

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: JULIE ROWE

08/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BREUL, GARRY A
Address: 4300 18TH ST. W. #108-I
City-St-Zip: BRADENTON, FL 34205

Title: V () Delete
Name: BREUL, JULIE
Address: 247 25TH ST. NO
City-St-Zip: ST. PETERSBURG, FL 33713

Title: T () Delete
Name: KERR, ROBERT
Address: 2442 BAY ST.
City-St-Zip: SARASOTA, FL 34237

Title: S () Delete
Name: DESLSLES, DONNA
Address: 25 NO. PINEAPPLE AVE.
City-St-Zip: SARASOTA, FL 34236

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: ROWE, JULIE
Address: 4300 18TH ST. W. #108-I
City-St-Zip: BRADENTON, FL 34205

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

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

Title: T () Change (X) Addition
Name: WOOTEN, T. SCOTT
Address: PO BOX 1560
City-St-Zip: ST. PETERSBURG, FL 33731

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: JULIE ROWE

VP

08/28/2009

Electronic Signature of Signing Officer or Director

Date