

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 18, 2009
Secretary of State**

DOCUMENT# N08000008830

Entity Name: TARPON SPRINGS CHAPTER OF SNI, INC.

Current Principal Place of Business:

455 EQUINE DRIVE
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

455 EQUINE DRIVE
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 80-0308787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEN J. HAYES, P.A.
6161 DR. MARTIN LUTHER KING JR. ST. NORTH
SUITE NO. 205
ST. PETERSBURG, FL 33703 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: DC () Delete
Name: WAUGH, MICHAEL
Address: 455 EQUINE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: VCD () Delete
Name: SAWYER, DWAYNE
Address: 455 EQUINE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: D () Delete
Name: WAUGH, KATIE
Address: 455 EQUINE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MICHAEL WAUGH

DC

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date