

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09818

FILED
Jan 28, 2009
Secretary of State

Entity Name: SUNCOAST EDUCATIONAL BROADCASTING CORPORATION

Current Principal Place of Business:

135 W. DEARBORN STREET
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

135 W. DEARBORN STREET
ENGLEWOOD, FL 34223

New Mailing Address:

FEI Number: 65-0017003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, JOY
474 S MCCALL RD
ENGLEWOOD, FL 34223 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: PD () Delete
Name: LINDOW, KENNETH
Address: 7474 JENNIFER DR.
City-St-Zip: ENGLEWOOD, FL 33981

Title: TD () Delete
Name: JONES, BRETT E
Address: 1936 EAST VENICE AVE.
City-St-Zip: VENICE, FL 34292

Title: S () Delete
Name: STRANGE, DON
Address: 2336 ALDRIDGE AVE.
City-St-Zip: FT. MYERS, FL

Title: VD () Delete
Name: CLARK, GARRY
Address: 474 S. MCCALL RD.
City-St-Zip: ENGLEWOOD, FL 34223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: STRANGE, DON
Address: 2336 ALDRIDGE AVE.
City-St-Zip: FT. MYERS, FL 33901

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: GARRY CLARK

VD

01/28/2009

Electronic Signature of Signing Officer or Director

Date