

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14236

FILED
Apr 21, 2009
Secretary of State

Entity Name: SUNCOAST CONCHOLOGISTS, INC.

Current Principal Place of Business:

P.O. 1564
PALM HARBOR, FL 346828564

New Principal Place of Business:

Current Mailing Address:

P.O. 1564
PALM HARBOR, FL 346828564

New Mailing Address:

FEI Number: 59-2458546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KATHERINE
682 GREEN VALLEY ROAD C-2
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

SMITH, KATHERINE
3227 MACGREGOR DRIVE
PALM HARBOR, FL 34684 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: _____

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SNAIR, PAT
Address: 2053 GOLF VIEW DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: VD () Delete
Name: FEARN, RICHARD
Address: 1218 N BAYSHORE BLVD
City-St-Zip: CLEARWATER, FL 33759

Title: SD () Delete
Name: SMITH, KATHERINE
Address: 682 GREEN VALLEY RD., C-2
City-St-Zip: PALM HARBOR, FL 34683

Title: SD () Delete
Name: TOTTEN, SHARLENE
Address: 2252 SPRINGFLOWER DR.
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: PETRIKIN, CAROLYN
Address: 2550 SWEETGUM WAY WEST
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: KEMP, MARY
Address: 1872 WHISPERING WAY
City-St-Zip: TARPON SPRINGS, FL 34689

Title: TD (X) Change () Addition
Name: SMITH, KATHERINE
Address: 3227 MACGREGOR DRIVE
City-St-Zip: PALM HARBOR, FL 34684

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

Title: D (X) Change () Addition
Name: FEARN, BETTY
Address: 1218 N. BAYSHORE BLVD.
City-St-Zip: CLEARWATER, FL 33759

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: KATHERINE E. SMITH

T/D

04/21/2009

Electronic Signature of Signing Officer or Director

Date