2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2010
Secretary of State

DOCUMENT# N14236

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 ( )**
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:

SMITH, KATHERINE
3227 MACGREGOR DRIVE
PALM HARBOR, FL 34684 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
Name: JACKSON, RICHARD
Address: 1340 GULF BLVD., #9A
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VD
Name: AKERS, MARY ELLEN
Address: 1244 EDENVILLE AVENUE
City-St-Zip: CLEARWATER, FL 33764

Title: TD
Name: SMITH, KATHERINE
Address: 3227 MACGREGOR DRIVE
City-St-Zip: PALM HARBOR, FL 34684

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

Title: D
Name: MONROE, ALICE
Address: 2468 TIMBERCREST CIRCLE WEST
City-St-Zip: CLEARWATER, FL 33763

I hereby 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 all other like empowered.

SIGNATURE: KATHERINE E. SMITH TD 05/05/2010
Electronic Signature of Signing Officer or Director Date