2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N18742

Entity Name: SUNCOAST WOOD CARVERS ASSOCIATION, INC.

Current Principal Place of Business:

SEMINOLE RECREATION CTR
9100 113TH STREET N.
SEMINOLE, FL 33772

New Principal Place of Business:

SEMINOLE RECREATION CTR
9100 113TH STREET N.
SEMINOLE, FL 33772 US

Current Mailing Address:

13539 ANDOVA DRIVE
LARGO, FL 33774 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

WOLF, JUDITH E
13539 ANDOVA DRIVE
LARGO, FL 33774 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: ROUSH, JOHN
Address: 9372 RIDGE ROAD
City-St-Zip: SEMINOLE, FL 33772

Title: SD ( ) Delete
Name: DEWALD, WILLIAM
Address: 9555 COMMODORE DRIVE
City-St-Zip: SEMINOLE, FL 33776

Title: TTR ( ) Delete
Name: WOLF, JUDITH E
Address: 13539 ANDOVA DR
City-St-Zip: LARGO, FL 33774

Title: VP ( ) Delete
Name: SZYMASZEK, ANDREW
Address: 8500 ULMERTON RD
City-St-Zip: LARGO, FL 33771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition
Name: BRIGGS, JR., WILLIAM
Address: 10439 137TH LANE NORTH
City-St-Zip: LARGO, FL 33774 US

Title: SD (X) Change ( ) Addition
Name: DEWALD, WILLIAM
Address: 9555 COMMODORE DRIVE
City-St-Zip: SEMINOLE, FL 33776 US

Title: TTR (X) Change ( ) Addition
Name: WOLF, JUDITH E
Address: 13539 ANDOVA DR
City-St-Zip: LARGO, FL 33774 US

Title: PD (X) Change ( ) Addition
Name: SZYMASZEK, ANDREW
Address: 1001 STARKEY ROAD, LOT #634
City-St-Zip: LARGO, FL 33771 US

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: JUDITH E. WOLF TTR 04/06/2009
Electronic Signature of Signing Officer or Director — Date