## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21690

FILED Apr 25, 2007 Secretary of State

Entity Name: FLORIDA SUNCOAST WATERCOLOR SOCIETY, INC.

Current P						
Current Principal Place of Business:				New Principal P	New Principal Place of Business:	
209 NINTH	EART LEAGUE HST WEST FON, FL 34205					
Current Mailing Address:				New Mailing Ad	New Mailing Address:	
	CURTIS RIANNE LANE RT RICHEY, FL		US			
FEI Number	: 65-0119858	FEI Num	ber Applied For()	FEI Number Not Applicable (	) Certificate of Status Desired ( )	
Name and	Address of C	urrent R	egistered Agent:	Name and Addre	ess of New Registered Agent:	
	SHARON RIANNE LANE RT RICHEY, FL		US			
	e named entity s e of Florida.	submits th	nis statement for the p	purpose of changing its regis	stered office or registered agent, or both,	
SIGNATUI						
	Electron	ic Signati	ure of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:						
OFFICER	S AND DIREC	TORS:		ADDITIONS/CHA	ANGES TO OFFICERS AND DIRECTORS	
OFFICER: Title: Name: Address: City-St-Zip:		Delete HERREN HE ARTS #	:102	ADDITIONS/CHA  Title: Name: Address: City-St-Zip:	ANGES TO OFFICERS AND DIRECTORS  ( ) Change ( ) Addition	
Title: Name: Address:	PD () BAUGHMAN, SH 888 BLVD OF T SARASOTA, FL	Delete HERREN HE ARTS # 34236 Delete OM NE LANE		Title: Name: Address:		
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	PD () BAUGHMAN, SI 888 BLVD OF T SARASOTA, FL  T () CURTIS, SHAR: 10611 MARIAN	Delete HERREN THE ARTS # 34236  Delete OM NE LANE CHEY, FL 3  Delete IRLES PARKWAY	34654 NO. 6	Title: Name: Address: City-St-Zip: Title: Name: Address:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Name: Address:	PD () BAUGHMAN, SI 888 BLVD OF T SARASOTA, FL  T () CURTIS, SHAR: 10611 MARIAN NEW PORT RIC  1VPD () SHAPLER, CHA 2380 WORLD F CLEARWATER	Delete HERREN THE ARTS # 34236  Delete OM NE LANE CHEY, FL 3 Delete kRLES PARKWAY I , FL 33763  Delete ( N AVE.	34654 NO. 6	Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	

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: SHARON R. CURTIS TREA 04/25/2007