

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N23804

1. Entity Name

SUNCOAST COMMUNITY SUPPORT AUXILLIARY INC.



FILED
Feb 12, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

SCSA, INC
1000 BAY PINES - PO BOX 4087
BAY PINES FL 33744
US

SCSA, INC
1000 BAY PINES - PO BOX 4087
BAY PINES FL 33744
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2872510

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUCK, GARY A
2239 FULTON WAY SW
LARGO FL 33774

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	HUCK, TERENCE W	
STREET ADDRESS	12200 VONN RD #2204	
CITY- ST- ZIP	LARGO FL 33774	

TITLE	ST	<input type="checkbox"/> Delete
NAME	HUCK, DOROTHY D	
STREET ADDRESS	1220 VONN RD. #2204	
CITY- ST- ZIP	LARGO FL 33774	

TITLE	T	<input type="checkbox"/> Delete
NAME	HUCK, GARRY A	
STREET ADDRESS	2239 FELTON WAY SW	
CITY- ST- ZIP	LARGO FL 33774-1516	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000634291	
CITY- ST- ZIP	02/22/07-80003-014 70.00	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Garry A. Huck GARRY A. HUCK 02/08/07 7275850222