2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2005 8:00 am Secretary of State DOCUMENT # N33031 04-12-2005 90146 001 ****61.25 1. Entity Name SUNCOAST RESEARCH AND RECOVERY CLUB, INC. Principal Place of Business Mailing Address C/O WALLIS SWARTZ 7791 55TH ST N PINELLAS PARK, FL 33781 7791 55TH ST N. PINELLAS PARK, FL 34665 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SWARTZ, WALLIS Street Address (P.O. Box Number is Not Acceptable) 7791 55 ST N PINELLAS PARK, FL 34665 City 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. 1 am familiar with, and accept the obligations of registered agent. Swa<u>rtz</u> Wall:5 SIGNATURE Stonature, typed or printled nen (NOTE: Registered Agent signsture requi red agent and title if applicable Filing Fee Is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to □ Due by May 1, 2005 Trust Fund Contribution. Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE! Delete TITLE ☐ Change ☐ Addition SWARTZ, WALLIS NAME . NAME 7791-55 ST NO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK, FL 33781 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition MOUTIONE, JOSEPH NAME NAME 2755 CURLEW RD., #156 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP PALM HARBOR, FL 34684 CITY-ST-ZIP Delete TITLE TITLE Change Addition Dannis Chambers NAME BYRD, KRIS NAME STREET ADDRESS 4541 W PANTIS ST. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33614 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PHILLIPS, DON NAME STREET ADDRESS 8411 109 ST. N STREET ADDRESS CITY-ST-ZIP SEMINOLE, FL 33772 CITY-ST-7IP VΡ TITLE ☐ Delete IIII F Channe noitible [] THORE, JAMES NAME NAME 4051 85 ST N STREET ADDRESS STREET ADDRESS SAINT PETERSBURG, FL 33709 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE MIF _ Change . Addition Mark Prue los Lake coper Dr. THOBE, KAREN NAME NAME STREET ADDRESS 8051 85 ST N STREET ADDRESS SAINT PETERSBURG, FL 33709 レレナス 33548 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 effect 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:

SIGNATURE AND TYPED OR

FILED