



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90202 027 ****61.25

DOCUMENT # N33031 1. Entity Name SUNCOAST RESEARCH AND RECOVERY CLUB, INC.					
Principal Place of Business 7791 55TH ST N PINELLAS PARK, FL 33781 US			Mailing Address C/O WALLIS SWARTZ 7791 55TH ST N PINELLAS PARK, FL 34665 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		20003048 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092007 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWARTZ, WALLIS 7791 55 ST N PINELLAS PARK, FL 34665				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE <i>Wallis D. Swartz</i> Signature, typed or printed name of registered agent and title if applicable.		<i>Wallis D. Swartz</i> (NOTE: Registered Agent signature required when reinstating)		<i>4/9/07</i> DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWARTZ, WALLIS 7791-55 ST NO PINELLAS PARK, FL 33781	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUTIONE, JOSEPH 2755 CURLEW RD., #156 PALM HARBOR, FL 34684	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMBERS, DENNIS 1335 22 AVE N SAINT PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Joe Szemer 2205 Premier Dr. St. Petersburg, FL 33707 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIE, IVAN 2124 5 AVE N., #56 SAINT PETERSBURG, FL 33714	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOBE, JAMES 4051 85 ST N SAINT PETERSBURG, FL 33709	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRUE, MARK 1018 LAKE COOPER DR LUTZ, FL 33548	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: <i>Wallis D. Swartz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<i>Wallis D. Swartz</i> Date		<i>4/9/07 (727) 647-2216</i> Daytime Phone #	