

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N33031

FILED
Apr 15, 2009
Secretary of State

Entity Name: SUNCOAST RESEARCH AND RECOVERY CLUB, INC.

Current Principal Place of Business:

7791 55TH ST N
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

C/O WALLIS SWARTZ
7791 55TH ST N
PINELLAS PARK, FL 34665 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:

SWARTZ, WALLIS
7791 55 ST N
PINELLAS PARK, FL 34665 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: P () Delete
Name: SWARTZ, WALLIS
Address: 7791-55 ST NO
City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete
Name: MOUTIONE, JOSEPH
Address: 2755 CURLEW RD., #156
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: DERNYAN, JAMES
Address: 11811 66 STREET N #82
City-St-Zip: LARGO, FL 33773

Title: D () Delete
Name: NORRIE, IVAN
Address: 2124 5 AVE N., #56
City-St-Zip: SAINT PETERSBURG, FL 33714

Title: VP () Delete
Name: THOBE, JAMES
Address: 4051 85 ST N
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: T () Delete
Name: PRUE, MARK
Address: 1018 LAKE COOPER DR
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MONTIONE, JOSEPH
Address: 2755 CURLEW RD., #156
City-St-Zip: PALM HARBOR, FL 34684

Title: D (X) Change () Addition
Name: DEMYAN, JAMES
Address: 11811 66 STREET N #82
City-St-Zip: LARGO, FL 33773

Title: D (X) Change () Addition
Name: PIGHTLING, RICK
Address: 66155 TUDOR ROAD
City-St-Zip: PINELLAS PARK, FL 33782

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WALLIS SWARTZ

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date