2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34968

FILED Apr 29, 2009 Secretary of State

Entity Name: SUNCOAST GENEALOGY SOCIETY INC.

Current Principal Place of Business: New Principal Place of Business: 2330 NEBRASKA AVE PALM HARBOR, FL 346821294 US **Current Mailing Address: New Mailing Address:** 931 CEDARWOOD DRIVE DUNEDIN, FL 34698 FEI Number: 59-2979368 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALLEN, NANCY E MS 931 CEDARWOOD DRIVE DUNEDIN, FL 34698 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ALLEN, NANCY E Name: Name: 931 CEDARWOOD DR Address: Address: City-St-Zip: DUNEDIN, FL 34698 City-St-Zip: Title: () Delete Title: (X) Change () Addition JANSOLN, JANICE Name: EILEL, CORALEE Name: Address: 4817 HUMMINGBIRD TRAIL Address: 1341 FLORIDA AVE City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683 Title: () Delete Title: (X) Change () Addition NEILSEN, CHARLOTTE MANGAM, JOHM Name: Name: 809 HAMMOCK PINE BLVD Address: Address: 20 DURHAM CT City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: PALM HARBOR, FL 34683 Title: () Delete Title: (X) Change () Addition Name: NIELSON, CHARLOTTE Name: GIRARDI, EUGENE Address: 20 DURHAM CT Address: 2622 CEDAR VIEW CT City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683 Title: () Delete Title: () Change () Addition HARMON, SHARI Name: Name: 1864 NORTHWOOD DR Address: Address: City-St-Zip: CLEARWATER, FL 33764 City-St-Zip: Title: () Delete Title: () Change () Addition HARRIS, LEWIS Name: Name: Address: 711 DELAWARE AVE Address: PALM HARBOR, FL 34683 City-St-Zip: 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: NANCY E ALLEN PRES 04/29/2009